

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90118 025 ***150.00

DOCUMENT # P97000106829

1. Entity Name

SANDLES RESTAURANT SERVICES, INC.



Principal Place of Business

691 MALTA G NE
ST. PETERSBURG FL 33703

Mailing Address

691 MALTA G NE
ST. PETERSBURG FL 33703

2. Principal Place of Business

691 MALTA CT. NE

Suite, Apt. #, etc.

3. Mailing Address

691 MALTA CT. NE

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

ST. PETERSBURG, FL.

Zip
33703

Country
U.S.A.

City & State

ST. PETERSBURG, FL

Zip
33703

Country
U.S.A.

4. FEI Number

59-3490555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, ROY G JR
BARNETT TOWER, SUITE 1600
200 CENTRAL AVENUE
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name CHARLES L. KOTT

Street Address (P.O. Box Number is Not Acceptable)

691 MALTA CT. N.E.

City ST. PETERSBURG

FL

Zip Code 33703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CHARLES L. KOTT

3-18-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KOTT, CHARLES L
STREET ADDRESS 691 MALTA CT NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES L. KOTT

3-18-06

727

528-9549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #