

FILED
Jul 03, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000059515

1. Entity Name
COTTAGE IRISH PUBS, INC.



Principal Place of Business
**4308 CURRY FORD RD.
ORLANDO, FL 32806**

Mailing Address
**4308 CURRY FORD RD.
ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3530682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULVANEY, KATHLEEN A
4308 CURRY FORD RD.
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
MULVANEY, KATHLEEN A
4308 CURRY FORD RD.
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MULVANEY, JAMES
4308 CURRY FORD RD.
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000567852
07/03/06-80002-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

K Mulvaney

KATHLEEN MULVANEY

6-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #