

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 028 ***150.00

DOCUMENT # P99000043947

1. Entity Name
THE ORIGINAL TACO TOWN OF FWB INC.



Principal Place of Business
**303 RACETRACK ROAD N.E. #B
FT. WALTON BEACH, FL 32547**

Mailing Address
**303 RACETRACK ROAD N.E. #B
FT. WALTON BEACH, FL 32547**

40041501



DO NOT WRITE IN THIS SPACE

01272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3574477

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCABE, WAYNE A
303 RACETRACK ROAD N.E. #B
FT. WALTON BEACH, FL 32547**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCABE, WAYNE A
STREET ADDRESS 303 RACETRACK ROAD N.E. #B
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE D
NAME MCCABE, SHIRLEY
STREET ADDRESS 303 RACETRACK ROAD N.E. #B
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

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

**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: *Wayne McCabe* / *Wayne McCabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07

Date

850 974 8541

Daytime Phone #