
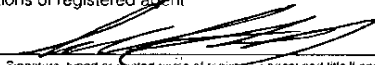
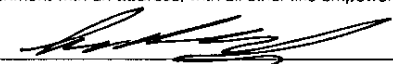


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90218 042 ***150.00

DOCUMENT # P99000069293 1. Entity Name ANGELLINO'S RESTAURANT OF PALM HARBOR, INC.					
Principal Place of Business 33180 U.S. HIGHWAY 19, NORTH PALM HARBOR, FL 34683			Mailing Address 33180 U.S. HIGHWAY 19, NORTH PALM HARBOR, FL 34683		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3590866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BARLAS, GEORGE 1016 TRADEWINDS DRIVE TARPON SPRINGS, FL 34689 </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> BARLAS, LEE 1150 SKYE LN PALM HARBOR, FL 34683 </div> </div>				7. Name and Address of New Registered Agent Name BARLAS, LEE Street Address (P.O. Box Number is Not Acceptable) 33180 US Hwy 19 N City Palm HARBOR FL Zip Code 34684	
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  LEE BARLAS 2-1-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLAS, GEORGE <input checked="" type="checkbox"/> Delete 1016 TRADEWINDS DRIVE TARPON SPRINGS, FL 34689			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLAS, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1150 SKYE LN PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRUZAS, FRANK <input type="checkbox"/> Delete 104 MERCURY AVENUE, SOUTH CLEARWATER, FL 33765			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD & PD BARLAS, LEE <input type="checkbox"/> Delete 1016 TRADEWINDS DRIVE TARPON SPRINGS, FL 34689			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD & PD BARLAS, LEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1150 SKYE LN PALM HARBOR, FL 34683
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PRIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-1-06 <small>Daytime Phone # 727 7299100</small>	