


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

| | | | |
|--|-----------------------------------|---|--|
| DOCUMENT # M92962 | |  | |
| 1. Entity Name UNCLE FAT'S, INC. | | | |
| Principal Place of Business 8745 TEMPLE TERRACE HWY TAMPA FL 33637 US | | Mailing Address 6916 LYNWOOD DR TAMPA FL 33637 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent WAGNER, EUGENE R 6916 LYNWOOD DR TAMPA FL 33637 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <i>Eugene R Wagner</i> EUGENE R WAGNER PRES 2-4-06 <small>Signature types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | WAGNER, EUGENE R | NAME | 1100000426780 |
| STREET ADDRESS | 6916 LYNWOOD DR | STREET ADDRESS | 02/20/06-80057-016 150.00 |
| CITY-ST-ZIP | TAMPA FL | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | WAGNER, CAROL | NAME | |
| STREET ADDRESS | 6916 LYNWOOD DR | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | GREGG, JOHN | NAME | |
| STREET ADDRESS | 8304 TUPELO DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: <i>Eugene R Wagner</i> PRES 2-4-06 813 988 249 | | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |

