


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 523791
 1. Entity Name
W.G. CRAGER, INC.



Principal Place of Business
**PITT GRILL RESTAURANT
 7218 N TAMIAMI TRAIL
 SARASOTA FL 34243**

Mailing Address
**PITT GRILL RESTAURANT
 7218 N TAMIAMI TRAIL
 SARASOTA FL 34243**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1707650** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent
**CRAGER, WILLIAM G.
 7218 N TAMIAMI TRAIL
 SARASOTA FL 34243**

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 _____ (NOTE: Registered Agent signature required when consisting)
 Signature, typed or printed name of registered agent and title acceptable 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 <input type="checkbox"/> Delete	NAME CRAGER, WILLIAM G. STREET ADDRESS 7218 N TAMIAMI TRAIL CITY-ST-ZIP SARASOTA FL
TITLE P <input type="checkbox"/> Delete	NAME CRAGER, SANDRA G STREET ADDRESS 7218 N TAMIAMI TRAIL CITY-ST-ZIP SARASOTA FL
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP
U00000444853 03/07/06-80019-014 150.00	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	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: *Sandra G. Crager* **Sandra G. Crager** 2-16-06 941-727-71
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #