


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000004730**

1. Entity Name  
 SPAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.



Principal Place of Business  
 12200 STEMMONS FWY  
 STE 100  
 DALLAS, TX 75234

Mailing Address  
 12200 STEMMONS FWY  
 STE 100  
 DALLAS, TX 75234

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 75-2504207

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

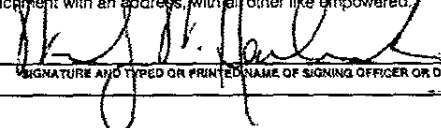
U00000107210  
 04/09/04-80006-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STREET, E. GENE
STREET ADDRESS	12200 STEMMONS FRWY, STE 100
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	VPD
NAME	LAMM, MARK P
STREET ADDRESS	12200 STEMMONS FWY #100
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	TSD
NAME	HARKEY, JOHN D JR
STREET ADDRESS	12200 STEMMONS FREEWAY STE 100
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	AS
NAME	HACKEMACK, WENDY W
STREET ADDRESS	12200 STEMMONS FRWY, STE 100
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  4-6-04 972-241-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #