

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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04192005 No Chg-P CR2E034 (10/03)

DOCUMENT # F94000000192
 1. Entity Name
SPARDEE'S REALTY, INC.



Principal Place of Business
 401 W. CARL KARCHER WAY
 ANAHEIM, CA 92801 US

Mailing Address
 401 W. CARL KARCHER WAY
 ANAHEIM, CA 92801 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1864855

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUZDER, ANDREW 6307 CARPINTERIA CARPINTERIA, CA 93013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM, WERNER 505 N. 7TH STREET STE. 2000 SAINT LOUIS, MO 63101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWRY, DOUGLAS P 401 CARL KARCHER WAY ANAHEIM, CA 92801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOLEY, WILLIAM P 601 RIVERSIDE AVE JACKSONVILLE, FL 32204
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 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: D Lowry **D LOWRY** 4/21/05 714-774-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #