

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 828070

1. Entity Name
SPECIALTY RESTAURANTS CORPORATION #48



Principal Place of Business
8191 E KAISER BLVD
ANAHEIM, CA 92808-2214

Mailing Address
8191 E KAISER BLVD
ANAHEIM, CA 92808-2214



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2547743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000576450
09/07/06-80007-006 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALLICHET, JOHN
STREET ADDRESS	8191 E. KAISER BLVD.
CITY-ST-ZIP	ANAHEIM, CA 928082214
TITLE	VD
NAME	TALLICHET, CECILIA
STREET ADDRESS	8191 E. KAISER BLDV.
CITY-ST-ZIP	ANAHEIM, CA 928082214
TITLE	ST
NAME	TALLICHET, CECILIA
STREET ADDRESS	8191 E. KAISER BLVD.
CITY-ST-ZIP	ANAHEIM, CA 928082214
TITLE	AT
NAME	ROYSE, BOB D.
STREET ADDRESS	8191 E. KAISER BLVD.
CITY-ST-ZIP	ANAHEIM, CA 928082214
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bob Royse 8/31/06 714-279-6100