2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# 184938

Entity Name: THE STAFF RESTAURANT INC.

Current Principal Place of Business:

24 MIRACLE STRIP PARKWAY S E
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

24 MIRACLE STRIP PARKWAY S E
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-0754914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, LILLIAN B
4 FIRST ST., N.E.
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HILL, LILLIAN B	
Address:	4 1ST ST SE	
City-St-Zip:	FT. WALTON BEACH, FL 32548	
Title:	D	(X) Delete
Name:	BASS, AGNES S	
Address:	4 FIRST ST., S.E.	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	GARVIE, MARTHA B.,	
Address:	24 MIRACLE STRIP PKWY	
City-St-Zip:	FT WALTON BEACH, FL	
Title:	D	( ) Delete
Name:	WYNINEGAR, CATHERINE	
Address:	24 MIRACLE STRIP S.E.	
City-St-Zip:	FT. WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN HILL PD 04/21/2006

Electronic Signature of Signing Officer or Director — Date