

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 265078

FILED
Jul 20, 2006
Secretary of State

Entity Name: IN-N-OUT HAMBURGERS OF GAINESVILLE, INC.

Current Principal Place of Business:

1445 SE HAWTHORNE RD
GAINESVILLE, FL 32641

New Principal Place of Business:

4199 CAMPUS DRIVE
9TH FLOOR
IRVINE, CA 92162

Current Mailing Address:

100 DEEP CREEK RD
INTERLACHEN, FL 32148

New Mailing Address:

4199 CAMPUS DRIVE
9TH FLOOR
IRVINE, CA 92162

FEI Number: 59-1719112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SUSAN M
100 DEEP CREEK RD
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC.
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

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: M. RICHARD LEWIS, JR.

07/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDSA () Delete
Name: THOMAS, SUSAN M.,
Address: 100 DEEP CREEK RD
City-St-Zip: INTERLACHEN, FL 32148

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAYLOR, MARK J
Address: 4199 CAMPUS DRIVE, 9TH FLOOR
City-St-Zip: IRVINE, CA 92162

Title: TD () Change (X) Addition
Name: KOTCH, ROGER L
Address: 4199 CAMPUS DRIVE, 9TH FLOOR
City-St-Zip: IRVINE, CA 92162

Title: D () Change (X) Addition
Name: MARTINEZ, LYNSI L
Address: 4199 CAMPUS DRIVE, 9TH FLOOR
City-St-Zip: IRVINE, CA 92162

Title: SD () Change (X) Addition
Name: WENSINGER, ARNOLD M
Address: 4199 CAMPUS DRIVE, 9TH FLOOR
City-St-Zip: IRVINE, CA 92162

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: ARNOLD M. WENSINGER

SD

07/20/2006

Electronic Signature of Signing Officer or Director

Date