

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 027 ***150.00

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**

50045424



04192005 No Chg-P CR2E034 (10/03)

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

**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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 714-774-5796
Date Daytime Phone #