

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 043 ***150.00

DOCUMENT # M64168 1. Entity Name SWDR GRILL, INC.					
Principal Place of Business % SCOTT WITCOSKI/ P O BOX 4760 BUD & ALLEY'S 6-30-A SEASIDE BRANCH SANTA ROSA BEACH, FL 32459			Mailing Address % SCOTT WITCOSKI/ P O BOX 4760 BUD & ALLEY'S 6-30-A SEASIDE BRANCH SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business BUD & ALLEY'S RESTAURANT Suite, Apt. #, etc. 2236 HWY 30-A, suite 18 City & State SEASIDE, FL Zip 32459 Country USA			3. Mailing Address P.O. Box 4760 Suite, Apt. #, etc. City & State SEASIDE FL Zip 32459 Country USA		
4. FEI Number 59-2865324			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02222006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent WITCOSKI, SCOTT BUD & ALLEY'S HWY 30-A SEASIDE, FL 32459			7. Name and Address of New Registered Agent Name DAVID A. RAUSCHKOLB Street Address (P.O. Box Number is Not Acceptable) 3236 HWY 30-A SEASIDE FL 59 TOWN RD, ROSEMARY BL, FL 32461 City SEASIDE FL FL Zip Code 32459		
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITCOSKI, SCOTT RT 1 BOX 691 SANTA ROSA BCH., FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAUSCHKOLB, DAVID 15 AZALEA ST SANTA ROSA BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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:  3/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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