#### 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

#### DOCUMENT # N03000008549

1. Entity Name

GAINESVILLE AREA TACO BELL RESTAURANT OWNER'S ASSOCIATION, INC.



Principal Place of Business

1110 NW 8 AVE STE C GAINESVILLE, FL 32601 Mailing Address

1110 NW 8 AVE STE C GAINESVILLE, FL 32601

## FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90015 007 \*\*\*272.50

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### DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For 4. FEI Number 58-2258125 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

01202006 No Chg-NP

Fee Required

CR2E037 (11/05)

6. Name and Address of Current Registered Agent

DAVIS, L. NICK 1110 NW 8 AVE STE C GAINESVILLE, FL 32601

# 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. lyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, L NICK 1110 NW 8TH AVE STE C GAINESVILLE, FL 32601				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME SIFEET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 617, 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.					