2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000072665

1. Entity Name
OILER RESTAURANT GROUP, INC.

Principal Place of Business	Mailing Address
4811 BERRYWOOD DRIVE	4811 BERRYWOOD DRIVE
ORLANDO, FL 32812	ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE

04122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0626425	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODGERS, RICHARD A
301 E PINE ST STE 1400
ORLANDO, FL 32801

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

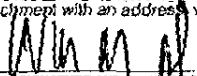| **FILE NOW!!! FEE IS $150.00** **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HATHAWAY, SCOTT
STREET ADDRESS	4811 BERRYWOOD DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	NEAL, WILLIAM
STREET ADDRESS	4811 BERRYWOOD DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ WILLIAM M NEAL _____   4-28-06   401 207-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #