

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071761

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: NADA RESTAURANT GROUP, INC.

## Current Principal Place of Business:

533 NE 1ST AVE  
OCALA, FL 34471

## New Principal Place of Business:

533 NE 1ST AVE  
OCALA, FL 34470

## Current Mailing Address:

533 NE 1ST AVE  
OCALA, FL 34471

## New Mailing Address:

101 NE 2ND ST  
OCALA, FL 34470

FEI Number: 54-2125575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HICKS, DANIEL  
421 SOUTH PINE AVE  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBERSON, CODA III  
Address: 533 NE 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: BOWMAN, RAYMOND  
Address: 533 NE 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete  
Name: FARKAS, LEE  
Address: 533 NE 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete  
Name: LAZURIGA, WEBSTER  
Address: 533 NE 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete  
Name: ABBATIELLO, PATRICIA  
Address: 533 NE 1ST AVE  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBERSON, CODA III  
Address: 101 NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title: VD (X) Change ( ) Addition  
Name: BOWMAN, RAYMOND  
Address: 101 NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title: SD (X) Change ( ) Addition  
Name: FARKAS, LEE  
Address: 101 NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title: TD (X) Change ( ) Addition  
Name: LAZURIGA, WEBSTER  
Address: 101 NE 2ND ST  
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEE B. FARKAS

SD

01/07/2005

Electronic Signature of Signing Officer or Director

Date