


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000071761 1. Entity Name NADA RESTAURANT GROUP, INC.	
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Principal Place of Business 533 NE 1ST AVE OCALA, FL 34470	Mailing Address 101 NE 2ND ST OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2125575	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKS, DANIEL 421 SOUTH PINE AVE OCALA, FL 34474

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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 _____ (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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERSON, CODA III 101 NE 2ND ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWMAN, RAYMOND 101 NE 2ND ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARKAS, LEE 101 NE 2ND ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUZURIGA, WEBSTER 101 NE 2ND ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETT, JEREMY 101 N.E. 2ND STREET OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ROBERT JR. 101 N.E. 2ND STREET OCALA, FL 34470

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03/06/07-80012-016 158.75

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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 another like empowered.

SIGNATURE:  **2/14/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #