2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-20-2006 90021 001 ***100.00
04-06-2006 90004 004 ****58.75

DOCUMENT # P03000124482

1. Entity Name
GANDY QSR, INC.

Principal Place of Business	Mailing Address
206 S OCCIDENT ST TAMPA, FL 33609	206 S OCCIDENT ST TAMPA, FL 33609

03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
129 Adalia Ave	129 Adalia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa FL
Zip 33606 Country	Zip 33606 Country

4. FEI Number 47-0934657 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVENDER, DANIEL 206 S OCCIDENT ST TAMPA, FL 33609	Name Dan Lavender Street Address (P.O. Box Number is Not Acceptable) 129 Adalia Ave City Tampa FL Zip Code 33606

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 ______ 3-15-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVENDER, DANIEL 206 S OCCIDENT ST TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 3-15-06 (813)431-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #