

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000147469

1. Entity Name

SPOTO'S RESTAURANT GROUP, INC.



FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

4550 PGA BLVD SUITE 205
PALM BEACH GARDENS, FL 33418

Mailing Address

4550 PGA BLVD SUITE 205
PALM BEACH GARDENS, FL 33418



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1805259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPOTO, JOHN
4550 PGA BLVD SUITE 205
PALM BEACH GARDENS, FL 33418

**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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SPOTO, JOHN
STREET ADDRESS 126 THORNTON DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VS
NAME DALY, ELLEN
STREET ADDRESS 17626 130TH AVE NORTH
CITY-ST-ZIP JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/21/07-80041-012 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-07 561 624 1187