## 2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

## Apr 27, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P93000060682 1. Entity Name SPRINGS RESTAURANT, INC. Principal Place of Business Mailing Address 400 S SR 7 400 S SR 7 PLANTATION, FL 33317 PLANTATION, FL 33317 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0444688 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 3. 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 \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MCDONALD, GERALD T MAME STREET ADDRESS 400 S. STATE RD. 7 CYTY-ST-ZIP PLANTATION, FL 33317 05/08/06-80078-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP ITTE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS City-ST-ZIP NAME STREET AODRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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

**FILED**