

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 018 ***150.00

DOCUMENT # P95000005746 1. Entity Name S.P.W. RESTAURANT GROUP INC.					
Principal Place of Business 3720 NW 13TH STREET GAINESVILLE, FL 32609			Mailing Address 4613 OAK HAMMOCK COURT HARBOUR VILLAGE PONCE INLET, FL 32127		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3330787	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REGAN, DONALD J HARBOUR VILLAGE 4613 OAK HAMMOCK COURT PONCE INLET, FL 32127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME REGAN, DONALD J STREET ADDRESS 4421 NW 36TH DR CITY-ST-ZIP GAINESVILLE, FL 32605			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4613 OAK HAMMOCK CT STREET ADDRESS PONCE INLET, FL 32127 CITY-ST-ZIP		
TITLE ID <input checked="" type="checkbox"/> Delete NAME REGAN, LAURE K. STREET ADDRESS 4421 NW 36TH DR CITY-ST-ZIP GAINESVILLE, FL 32605			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME YOUNG, DONALD G STREET ADDRESS 14501 NW 153 TERR CITY-ST-ZIP ALACHUA, FL 32616			TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME AKEY, MICHAEL J STREET ADDRESS 941 NW 118TH TERR CITY-ST-ZIP GAINESVILLE, FL 32606			TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 10827 SW 17 LANE STREET ADDRESS Gainesville, FL 32607 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME AKEY, MELISSA A STREET ADDRESS 941 NW 118TH TERR CITY-ST-ZIP GAINESVILLE, FL 32606			TITLE DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 10827 S.W. 17 LANE STREET ADDRESS Gainesville, FL 32607 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DONALD J. REGAN II STREET ADDRESS 4613 OAK HAMMOCK CT CITY-ST-ZIP PONCE INLET, FL 32127		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Donald J. Regan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/15/05 386 7880604 Date Daytime Phone #	