

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 041 ***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
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60029204

2. Principal Place of Business		3. Mailing Address 401 NW 39th ROAD	
Suite, Apt. #, etc. STE. 7		Suite, Apt. #, etc. STE C	
City & State		City & State Gainesville, FL	
Zip 32607	Country USA	Zip 32607	Country USA



02102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3330787		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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) 401 NW 39th ROAD STE. C City Gainesville FL Zip Code 32607

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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGAN, DONALD J 4613 OAK HAMMOCK CT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NW 39th ROAD STE. C Gainesville, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGAN, DONALD J II 4613 OAK HAMMOCK CT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NW 39th ROAD Gainesville, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, DONALD G 14501 NW 153 TERR ALACHUA, FL 32616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AKEY, MICHAEL J 10827 SW 17 LANE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKEY, MELISSA A 10827 SW 17 LANE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald J. Regan **DONALD J. REGAN** 4-20-06 386.689.0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #