

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90266 019 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # P96000036582</b><br>1. Entity Name<br><b>GAINESVILLE RESTAURANT GROUP INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>5115 NW 39 AVE<br/>GAINESVILLE, FL 32606</b>  |   |   | Mailing Address<br><b>4613 OAK HAMMOCK CT.<br/>HARBOUR VILLAGE<br/>PONCE INLET, FL 32127</b>  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |   | City & State  |   | 4. FEI Number<br><b>59-3389897</b>   |  |
| Zip   |   | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| City & State  |   | City & State  |   | 02162005    Chg-P    CR2E034 (10/03)   |  |
| Zip   |   | Country   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REGAN, DONALD J<br/>HARBOUR VILLAGE<br/>4613 OAK HAMMOCK COURT<br/>PONCE INLET, FL 32127</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PD<br/>REGAN, DONALD J<br/>4421 NW 36 DR<br/>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>4613 OAK HAMMOCK CT<br/>PONCE INLET, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>ID<br/>REGAN, LAURE K<br/>4421 NW 36 DR<br/>GAINESVILLE, FL 32606</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP<br/>AKEY, MICHAEL J<br/>941 NW 110TH TERR<br/>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DV<br/>10827 SW 17 LANE<br/>Gainesville, FL 32607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>AS<br/>FENNELL, CHRISTOPHER<br/>5121 NW 29 LANE<br/>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DS<br/>Melissa A. Akey<br/>10827 SW 17 LANE<br/>Gainesville FL 32607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DT<br/>DONALD J. REGAN II<br/>4613 OAK HAMMOCK CT.<br/>PONCE INLET, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 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><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date: <u>3/15/05</u> 386 788 0604<br><small>Daytime Phone #</small>   |  |  |