


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 042 \*\*\*150.00

<b>DOCUMENT # P97000045792</b>	
<b>1. Entity Name</b> BEATTY RESTAURANT, INC.	

<b>Principal Place of Business</b> 9576 N CITRUS SPRS BLVD CITRUS SPRINGS FL 34434 US	<b>Mailing Address</b> 9576 N CITRUS SPRS BLVD CITRUS SPRINGS FL 34434 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 10038 NO. EMERALD WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CITRUS SPRINGS FL.	
Zip	Country	Zip	Country
		34434	USA.

1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 59-3446641		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> BEATTY, ED 10038 NORTH EMERALD WAY CITRUS SPRINGS FL 34434		<b>7. Name and Address of New Registered Agent</b>	
		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** \_\_\_\_\_ (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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEATTY, ED			NAME			
STREET ADDRESS	10038 NORTH EMERALD WAY			STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS FL 34434			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEATTY, GERALDINE			NAME			
STREET ADDRESS	10038 NORTH EMERALD WAY			STREET ADDRESS			
CITY-ST-ZIP	CITRUS SPRINGS FL 34434			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1-30-06 352-489-5657  
Date Daytime Phone #