

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 025 ***150.00

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1. Entity Name

SPOTO RESTAURANT CORPORATION

Principal Place of Business

**125 DATURA STREET
WEST PALM BEACH FL 33401**

Mailing Address

**125 DATURA STREET
WEST PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

4550 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

1st MOORE

CR2E034 (10/05)

City & State

City & State

**PALM BEACH GARDENS
FLORIDA**

4. FEI Number

65-0760758

Applied For

Not Applicable

Zip

Country

Zip

Country

33418

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOTO, JOHN
4550 PGA BLVD, SUITE 205
PALM BEACH GARDENS FL 33418**

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 reconstituting)

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SPOTO, JOHN | |
| STREET ADDRESS | 126 THORNTON DRIVE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DALY, ELLEN M | |
| STREET ADDRESS | 17626 130TH AVE. N. | |
| CITY-ST-ZIP | JUPITER FL 33478 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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

Date

Daytime Phone #

President 2-6-06 561-624-1187