## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S53975

1. Entity Name

SANTA FE STEAKHOUSE OF FRUITVILLE, INC.



Principal Place of Business

Mailing Address

2325 ULMERTON RD SUITE 20

SUITE 20 CLEARWATER, FL 33762 US 2325 ULMERTON RD

SUITE 20

CLEARWATER, FL 33762 · US

## FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90138 050 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0274781 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762

## DO NOT WRITE IN THIS SPACE

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				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE	DC		1		
NAME	BULLARD, FRED JR		ı		
STREET ADDRESS	2325 ULMERTON RD, 20		1		
CITY-ST-ZIP	CLEARWATER, FL		1		
TITLE	DS		_		
NAME	BULLARD, KAROL K				
STREET ADDRESS	2325 ULMERTON RD, STE 20				
CITY-ST-ZIP	CLEARWATER, FL 34622				
TITLE	VAS	¥*** +	1		
NAME	MORRIS, GREGORY D				
STREET ADDRESS	2325 ULMERTO RD, STE 20				
CITY-ST-ZIP	CLEARWATER, FL 33762			טט	NOT WRITE
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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

7275766424

Date

Daytime Phone #