

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90086 007 \*\*\*150.00

DOCUMENT # P05000088685  
 1. Entity Name  
 TABER'S FAMILY RESTAURANT, INC.



Principal Place of Business      Mailing Address  
 1615 SUN CITY CENTER PLAZA      1615 SUN CITY CENTER PLAZA  
 SUN CITY CENTER, FL 33573      SUN CITY CENTER, FL 33573

**DO NOT WRITE IN THIS SPACE**

40103010



04272007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 -20-3058037-      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PYLE, TERRENCE F  
 707 DEL WEBB BLVD WEST  
 SUN CITY CENTER, FL 33573

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TABER, DUANE E
STREET ADDRESS	13111 FENNWAY RIDGE DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 335697160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Duane E Taber      4-30-07      (813)-634-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone