2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G71002

1. Entity Name
WARD'S FAST FOODS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
130 MARY ESTHER BLVD. MARY ESTHER, FL 32569	130 MARY ESTHER BLVD. MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2356669	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GEORGE R.
701 N.W. ANCHORS
FT. WALTON BCH, FL 32548

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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_____
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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000201282 01/28/05-80061-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	TSD
NAME	WIMBERLY, CHARLES H.
STREET ADDRESS	130 MARY ESTHER BLVD.
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	PD
NAME	SMITH, GEORGE R.
STREET ADDRESS	701 N.W. ANCHORS
CITY-ST-ZIP	FT. WALTON BCH, FL
TITLE	D
NAME	COX, CHARLES O
STREET ADDRESS	120 YAUPON DR
CITY-ST-ZIP	ATLANTIC, NC 28511
TITLE	D
NAME	BOND, RONALD A
STREET ADDRESS	353 MAPLEWOOD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Charles H. Wimberly_   1-26-05   052-619-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #