

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 010126

FILED
Jan 25, 2008
Secretary of State

Entity Name: PENNFLORA RESTAURANT COMPANY

Current Principal Place of Business:

1156 TOOKES ROAD
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1156 TOOKES ROAD
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-6079694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELT, H. OGDEN
1156 TOOKES ROAD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, CLYDE, III,
Address: 19 COLONIAL ROAD
City-St-Zip: DALLAS, PA 18612

Title: TD () Delete
Name: HELT, H OGDEN,
Address: 1156 TOOKES ROAD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: WARE, ELIZABETH,
Address: 855 39TH AVE N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: VD () Delete
Name: CONNER, DOROTHY C
Address: 4297 10TH STREET N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WARE, ELIZABETH,
Address: 4931 LIME ROAD
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. OGDEN HELT

TD

01/25/2008

Electronic Signature of Signing Officer or Director

Date