2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 OCT 27 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817125

1. Entity Name
WAFFLE HOUSE INC

01-11-08 90065 014 150.00

01032008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5986 FINANCIAL DRIVE PO BOX 6450 NORCROSS, GA 30091	5986 FINANCIAL DRIVE PO BOX 6450 NORCROSS, GA 30091

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-0652840 ☐ Applied For ☐ Not Applicable

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
NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGERS, JOE W JR 5986 FINANCIAL DR NORCROSS, GA 30071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOVEY, MARIANNE 5986 FINANCIAL DR NORCROSS, GA 30071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALLER, JONATHAN 5986 FINANCIAL DR NORCROSS, GA 30071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES KNIGHT, J. CRAIG 5986 FINANCIAL DR NORCROSS, GA 30071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WILLIAMS, CHRIS 5986 FINANCIAL DR NORCROSS, GA 30071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bob Moore 5986 Financial Dr. Norcross GA 30071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASC WOOLEY, WARREN 5986 FINANCIAL DR NORCROSS, GA 30071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Mike Howard 5986 Financial Dr. Norcross GA 30071	☒ Change ☐ Addition

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: Marianne Hovey 1-3-08 770-729-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #