

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90148 004 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000000147					
1. Entity Name RESTAURANT MANAGEMENT OF SC, INC.					
Principal Place of Business 964 MILLER RD SUMTER, SC 29150			Mailing Address 964 MILLER RD SUMTER, SC 29150		
2. Principal Place of Business 2709 SADLER RD Suite, Apt. #, etc.		3. Mailing Address 562 SOUTH PIKE WEST Suite, Apt. #, etc.			
City & State FERNANDINA BEACH FL		City & State SUMTER SC		4. FEI Number 57-0819683	
Zip 32034		Country USA		Applied For Not Applicable	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODRUM, GLENN Y 2709 SADLER ROAD FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name: LONNIE RAINWATER Street Address (P.O. Box Number is Not Acceptable): 2139 CIERA LANE City: FERNANDINA BEACH FL Zip Code: 32034		
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: <i>Lonnie Rainwater</i> DATE: 2/15/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP: WOODRUM, GLENN Y 2709 SADLER RD FERNANDINA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP HAYES, LINDA W 206 FLATWOOD RD HODGES, SC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STOUT, JURINA S 2267 BROST COURT SUMTER, SC 29154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARLA TALLEY 231 HAYNSWORTH ST. SUMTER, SC 29150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUM, JOHN D 105 YANN RD N. AUGUSTA, SC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Marla Talley</i> MARLA TALLEY			1/13/05 803-775-9742 Ex. 13		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		