

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007826**

1. Entity Name  
**FAZOLI'S GROUP, INC.**



Principal Place of Business  
**5200 TOWN CENTER CIRCLE STE 470  
BOCA RATON, FL 33486**

Mailing Address  
**5200 TOWN CENTER CIRCLE STE 470  
BOCA RATON, FL 33486**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5593089**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WEISSMUELLER, ROBERT 2470 PALUMBO DRIVE LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, M. ELIZABETH 2470 PALUMBO DRIVE LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, DAVID 2470 PALUMBO DRIVE LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERKING, DOUGLAS 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, MICHAEL 5200 TOWN CENTER CIRCLE STE 470 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000712983  
04/26/07-80069-018 150.00

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. Elizabeth Moore*  
M. Elizabeth Moore

4/11/07

Date

859-268-11668

Daytime Phone #