

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F06000007847**

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



Principal Place of Business  
**2470 PALUMBO DRIVE  
LEXINGTON, KY 40509**

Mailing Address  
**2470 PALUMBO DRIVE  
LEXINGTON, KY 40509**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5593113**

Applied For  
Not Applicable

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

U00000712981  
04/26/07-80069-017 150.00

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

859-268-1608

Daytime Phone #