

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007847

FILED
Apr 28, 2008
Secretary of State

Entity Name: FAZOLI'S RESTAURANT GROUP, INC.

Current Principal Place of Business:

2470 PALUMBO DRIVE
LEXINGTON, KY 40509

New Principal Place of Business:

Current Mailing Address:

2470 PALUMBO DRIVE
LEXINGTON, KY 40509

New Mailing Address:

FEI Number: 20-5593113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: WEISSMUELLER, ROBERT
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

Title: S () Delete
Name: MOORE, M. ELIZABETH
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

Title: T () Delete
Name: SMITH, DAVID
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

Title: D () Delete
Name: GILLEN, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: WERKING, DOUGLAS
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: WEISSMUELLER, ROBERT
Address: 2470 PALUMBO DRIVE
City-St-Zip: LEXINGTON, KY 40509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DAVID SMITH

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date