

2006 FOR PROFIT CORPORATION ANNUAL REPORT

7500-97289
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005536

1. Entity Name
PREMIER RESTAURANT MANAGEMENT COMPANY



Principal Place of Business
3620 WALNUT HILLS AVENUE
ORANGE VILLAGE, OH 44122

Mailing Address
3620 WALNUT HILLS AVENUE
ORANGE VILLAGE, OH 44122



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1722537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/13/08-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERT, DAVID G
STREET ADDRESS 3620 WALNUT HILLS AVENUE
CITY-ST-ZIP ORANGE VILLAGE, OH 44122

TITLE VTD
NAME ARNOLD, THOMAS R
STREET ADDRESS 3620 WALNUT HILLS AVENUE
CITY-ST-ZIP ORANGE VILLAGE, OH 44122

TITLE S
NAME BALLARD, BRENT D
STREET ADDRESS 800 SUPERIOR AVENUE
CITY-ST-ZIP CLEVELAND, OH 44114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4-24-06 (216) 464-6900