

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 10:46

DOCUMENT # L01462

1. Entity Name  
PAYNE'S RESTAURANT EQUIPMENT, INC.



Principal Place of Business  
565 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

Mailing Address  
565 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0211300

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PAYNE, RUPERT LAMAR  
565 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

**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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PAYNE, RUPERT LAMAR  
565 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PAYNE, BILLY GREGORY  
565 GUS HIPP BLVD.  
ROCKLEDGE FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PAYNE, LOUISE C.  
565 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PAYNE, LOUISE C  
565 GUS HIPP BLVD  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700069967667  
04/10/06--01075--020 \*\*150.00

**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: Rupert L. Payne Rupert L. Payne

Date

3-20-06 (321)  
(631-0318)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

3/31/06