

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M79845

1. Entity Name
PAPPY'S RESTAURANT, INC.



Principal Place of Business
% CHRISTINE JAMIESON
1000 BAYVIEW AVE.
PANAMA CITY, FL 32401

Mailing Address
% CHRISTINE JAMIESON
1000 BAYVIEW AVE.
PANAMA CITY, FL 32401

FILED
Apr 15, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2908231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMIESON, CHRISTINE
1000 BAYVIEW AVE.
PANAMA CITY, FL 32401

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMIESON, CHRISTINE
STREET ADDRESS	5229 MELISSA DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	SD
NAME	DONLEY, LIESELOTTE C.
STREET ADDRESS	5214 PARK ST.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000306651
04/15/05-80024-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine Jamieson 4-14-05 850-785-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #