


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000079357  
 1. Entity Name  
 ED'S RESTAURANT, INC.



Principal Place of Business      Mailing Address  
 1324 US HWY 90 WEST      88 COLLEGE AVE.  
 DE FUNIAK SPGS., FL 32433      DE FUNIAK SPGS, FL 32433

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3735988      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCONIERS, TIM  
 1265 HWY 331 S  
 DEFUNICK SPRINGS, FL 32435

**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 \_\_\_\_\_ (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	S
NAME	SCONIERS, TOMMY
STREET ADDRESS	1411 VAN BUREN AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	P
NAME	SCONIERS, TIM
STREET ADDRESS	105 COLLEGE AVE
CITY-ST-ZIP	DE FUNIAK SPGS, FL 32433
TITLE	VP
NAME	SCONIERS, CHRISTOPHER E
STREET ADDRESS	1411 VAN BUREN AVENUE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 and 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 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: *Tim Sconiers*      Tim Sconiers      2-1-05      850-892-5614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #