

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079357

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: ED'S RESTAURANT, INC.

**Current Principal Place of Business:**

1324 US HWY 90 WEST  
DE FUNIAK SPGS., FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

88 COLLEGE AVE.  
DE FUNIAK SPGS, FL 32433

**New Mailing Address:**

FEI Number: 59-3735988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCONIERS, TIM  
1265 HWY 331 S  
DEFUNICK SPRINGS, FL 32435 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: S ( ) Delete  
Name: SCONIERS, TOMMY  
Address: 1411 VAN BUREN AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P ( ) Delete  
Name: SCONIERS, TIM  
Address: 105 COLLEGE AVE  
City-St-Zip: DE FUNIAK SPGS, FL 32433

Title: VP ( ) Delete  
Name: SCONIERS, CHRISTOPHER E  
Address: 1411 VAN BUREN AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: SCONIERS, TIM  
Address: 88 COLLEGE AVE  
City-St-Zip: DE FUNIAK SPGS, FL 32433

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: TIM SCONIERS

PRES

03/13/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date