

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079357

FILED
Feb 16, 2009
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: 88 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date