

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079357

Entity Name: ED'S RESTAURANT, INC.

FILED  
Feb 23, 2011  
Secretary of State

**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:**

SCONIERS, TIM  
1265 HWY 331 S  
DEFUNIAK SPRINGS, FL 32435 US

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

02/23/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCONIERS, TOMMY  
Address: 1411 VAN BUREN AVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP  
Name: SCONIERS, TIM  
Address: 88 COLLEGE AVE  
City-St-Zip: DE FUNIAK SPGS, FL 32433

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

I hereby 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 all other like empowered.

SIGNATURE: TIM SCONIERS

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

VP

02/23/2011

\_\_\_\_\_  
Date