

FILED**Aug 01, 2005 08:00**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P03000013829**

1. Entity Name

R & J RESTAURANT GROUP, INC.

Principal Place of Business

**PO BOX 3656
MILTON, FL 32572**

Mailing Address

**PO BOX 3656
MILTON, FL 32572**

06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1549018

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCOMBS, JACK C
5081 CANAL ST
MILTON, FL 32570****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
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

**TITLE D
NAME MCCOMBS, JACK C
STREET ADDRESS 5081 CANAL ST
CITY - ST - ZIP MILTON, FL 32570****TITLE D
NAME COMPTON, DANIEL R
STREET ADDRESS 1813 WALNUT HILL LN
CITY - ST - ZIP OPELIKA, AL 36801****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****000000375057
08/01/05-80002-014 158.75****DO NOT WRITE
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #