

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90082 001 \*\*\*150.00

**DOCUMENT # P03000087916**

1. Entity Name  
**SANDMAR RESTAURANT GROUP, INC.**



Principal Place of Business  
**25 COUNTY ROAD 15  
BUNNELL, FL 32110**

Mailing Address  
**25 COUNTY ROAD 15  
BUNNELL, FL 32110**

2. Principal Place of Business - No P.O. Box #

**45 SETON TRAIL**

3. Mailing Address

**45 SETON TRAIL**

Suite, Apt. #, etc.

**SUITE 101**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**ORMOND BEACH, FL**

City & State

**ORMOND BEACH, FL**

Zip

**32176**

Country

**U.S.A.**

Zip

**32176**

Country

**U.S.A.**

03182008

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-0147655**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH, FL 32115-2491**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **EDDY, F. RAYMOND JR.**  
STREET ADDRESS **25 COUNTY ROAD 15**  
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **CVPS** ☐ Delete  
NAME **EDDY, J. MICHAEL**  
STREET ADDRESS **45 SETON TRAIL, SUITE 101**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **T** ☒ Delete  
NAME **LANCING, ELIZABETH**  
STREET ADDRESS **25 COUNTY ROAD 15**  
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **EDDY, J. MICHAEL**  
STREET ADDRESS **45 SETON TRAIL SUITE 101**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**F. RAYMOND EDDY**

**4/7/08**

Date

**352 677 3595**

Daytime Phone #