


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000000431 1. Entity Name RESTAURANT MANAGEMENT SERVICES, INC.	
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Principal Place of Business % 144 EDMERE WAY SOUTH NAPLES, FL 34105-7107	Mailing Address % 144 EDMERE WAY SOUTH NAPLES, FL 34105-7107
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0063044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  R & A AGENTS, INC. % WILLIAM R O'NEILL, ESQ 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103-3587	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Scott E. Buttrey DATE: 2/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE. BUTTREY, SCOTT E 144 EDMERE WAY SOUTH NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BUTTREY, LINDA A 144 EDMERE WAY SOUTH NAPLES, FL 34105
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02/12/05-80051-023 150.00

**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)(i), 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: Scott E. Buttrey DATE: 2/7/05 DAYTIME PHONE: 239 213 9583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR