

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000004584

1. Entity Name  
OLD DOMINION RESTAURANTS, INC.



Principal Place of Business  
4476 LEGENDARY DRIVE  
DESTIN, FL 32541

Mailing Address  
4476 LEGENDARY DRIVE  
DESTIN, FL 32541



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1562310  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, THERESA  
4476 LEGENDARY DRIVE  
DESTIN, FL 32541

**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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JOHNSON, THERESA
STREET ADDRESS	4476 LEGENDARY DRIVE
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	V
NAME	SIVORI, BRIAN
STREET ADDRESS	RT 2 BOX 14
CITY - ST - ZIP	DANVILLE, WV 25053
TITLE	T
NAME	BRACE, BRUCE
STREET ADDRESS	620 MOOREFIELD PARK DR #112
CITY - ST - ZIP	RICHMOND, VA 23236
TITLE	S
NAME	JOHNSON, MARTY
STREET ADDRESS	4476 LEGENDARY DRIVE
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000364408

05/06/05-80039-023 150.00

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 #

5/2/05