

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90198 047 ***150.00

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	
2. Principal Place of Business 1400 30th Street Suite, Apt. #, etc. 2nd FL Suite B City & State Niceville, FL Zip 32518 Country USA		3. Mailing Address 1400 30th Street Suite, Apt. #, etc. 2nd FL Suite B City & State Niceville, FL Zip 32518 Country USA	
4. FEI Number 31-1562310		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JOHNSON, THERESA 4476 LEGENDARY DRIVE DESTIN, FL 32541	
7. Name and Address of New Registered Agent Name THERESA JOHNSON Street Address (P.O. Box Number is Not Acceptable) 1400 30th Street 2nd FL Suite B City Niceville FL Zip Code 32518		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.	

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04102006 Chg-P CR2E034 (11/05)

4. FEI Number
31-1562310

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

7. Name and Address of New Registered Agent
 Name
 THERESA JOHNSON
 Street Address (P.O. Box Number is Not Acceptable)
 1400 30th Street 2nd FL Suite B
 City
 Niceville FL Zip Code
 32518

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)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME JOHNSON, THERESA STREET ADDRESS 4476 LEGENDARY DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE PRESIDENT / TREASURER NAME JOHNSON, THERESA STREET ADDRESS 1400 30th Street 2nd FL Suite B CITY-ST-ZIP Niceville, FL 32518	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SIVORI, BRIAN STREET ADDRESS RT 2 BOX 14 CITY-ST-ZIP DANVILLE, WV 25053	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BRACE, BRUCE STREET ADDRESS 620 MOOREFIELD PARK DR #112 CITY-ST-ZIP RICHMOND, VA 23236	<input type="checkbox"/> Delete	TITLE NAME BRACE, BRUCE STREET ADDRESS 20301 River Rd. CITY-ST-ZIP Chesterfield, VA 23838	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JOHNSON, MARTY STREET ADDRESS 4476 LEGENDARY DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME VICE President / SECRETARY STREET ADDRESS JOHNSON, MARTY CITY-ST-ZIP 1400 30th Street 2nd FL Suite B Niceville, FL 32518	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 Date _____ Daytime Phone # _____