



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000004584</b>	
1. Entity Name <b>OLD DOMINION RESTAURANTS, INC.</b>	

Principal Place of Business <b>1400 30TH ST 2ND FL SLTE B NICEVILLE, FL 32578</b>	Mailing Address <b>1400 30TH ST 2ND FL SLTE B NICEVILLE, FL 32578</b>
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1562310</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, THERESA  
1400 30TH ST 2ND FLR STE B  
NICEVILLE, FL 32578**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHNSON, THERESA 1420 30TH ST 2ND FL STE B NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH BRACE, BRUCE 20201 RIVER RD CHESTERFIELD, VA 23838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JOHNSON, MARTY 1400 30TH ST 2ND FL STE B NICEVILLE, FL 32578
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05/11/07-80024-023 150.00

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:  **4/20/07 (606) 436-0736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/600 - 301 - 303 - 323 \$150.00 \$6.82 per share