FOR PROFIT CORPORATION ANNUAL REPORT

6/17/2008-90001-006-$150.00-$150.00

DOCUMENT # P04000004584

1. Entity Name

OLD DOMINION RESTAURANTS, INC.

FILED

08 JUL 28 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4640 Southwinds Drive	4640 Southwinds Drive
Suite, Apt. #, etc. 4640	Suite, Apt. #, etc. 4640
City & State: Destin, FL	City & State: Destin, FL
Zip: 32550 Country: USA	Zip: 32550 Country: USA

4. FEI Number: 31-1562310 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JOHNSON, THERESA

Street Address (P.O. Box Number is Not Acceptable): 4640 SOUTHWINDS DR

City: DESTIN FL Zip Code: 32550

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 _____ DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	Johnson, Theresa
STREET ADDRESS	4640 Southwinds Drive
CITY-ST-ZIP	Destin, FL 32550
TITLE	SH
NAME	Brace, Bruce
STREET ADDRESS	20301 River Rd
CITY-ST-ZIP	Chesterfield, VA 23838
TITLE	VPS
NAME	Johnson, Marty
STREET ADDRESS	4640 Southwinds Drive
CITY-ST-ZIP	Destin, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Theresa Johnson 6/12/08 606 436 0136

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

KS