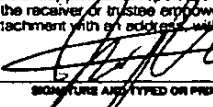


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90004-016-\$550.00-\$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 20 AM 9:29

DOCUMENT # P04000173004			
1. Entity Name VIRGINIA JAMES RESTAURANTS, INC.			
Principal Place of Business 147 PORTER DR PANAMA CITY BEACH, FL 32413		Mailing Address 147 PORTER DR PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business 5550 N. LAGOON DR Suite, Apt. #, etc.		3. Mailing Address 5550 N LAGOON DR Suite, Apt. #, etc.	
City & State PANAMA CITY BEACH FL		City & State PANAMA CITY BEACH FL	
Zip 32408	Country USA	Zip 32408	Country USA
6. Name and Address of Current Registered Agent PETTIS, JAMES R. 147 PORTER DR PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 7, 2005		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: Owner / President ☐ Delete NAME: James Ray Pettis STREET ADDRESS: 5550 N. Lagoon Dr CITY - ST - ZIP: Panama City FL 32408		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
TITLE: Owner / Secretary ☐ Delete NAME: Virginia Don Pettis STREET ADDRESS: 5550 N. Lagoon Dr CITY - ST - ZIP: Panama City FL 32408		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY - ST - ZIP: 		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY - ST - ZIP: 		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY - ST - ZIP: 		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY - ST - ZIP: 		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP: 	
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 another like empowered.			
SIGNATURE: 		Date: 9/10/05 1-850-249-9958 Daytime Phone #	