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	Mailing Address
147 PORTER DR PANAMA CITY CEACH, FL 32413	147 PORTER DR PANAMA CITY CEACH, FL 32413

08162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5550 N. LAGOON DR	5550 N LAGOON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA City Beach FL	City & State: PANAMA City Beach FL
Zip: 32408 Country: USA	Zip: 32408 Country: USA

4. FEI Number: 141919588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTIS, JAMES R 147 PORTER DR PANAMA CITY CEACH, FL 32413	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 NAME STREET ADDRESS CITY-ST-ZIP	Owner/President James Ray Pettis 5550 N. Lagoon Dr PCB Fl. 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/Secretary Virginia Ann Pettis 5550 N. Lagoon Dr PCB Fl. 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________ 9/10/05 1-850-249-9958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #