

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

04-12-2006 90088 022 ***150.00

DOCUMENT # P04000173004	
1. Entity Name VIRGINIA JAMES RESTAURANTS, INC.	

Principal Place of Business 5550 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408	Mailing Address 5550 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408
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2. Principal Place of Business 8503 Thomas DR	3. Mailing Address 8503 Thomas DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PANAMA CITY BEACH FL	City & State PANAMA CITY BEACH FL
Zip 32408	Zip 32408
Country USA	Country USA

4. FEI Number 14-1919888	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETTIS, JAMES R 147 PORTER DR PANAMA CITY BEACH FL 32413	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

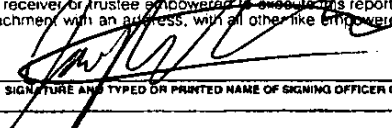
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and file application (NOTE: Registered Agent signature required when consenting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTIS, JAMES RAY 5550 NORTH LAGOON DRIVE PANAMA CITY BEACH FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITTIS, VIRGINIA 5550 NORTH LAGOON DRIVE PANAMA CITY BEACH 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
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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 exemptions contained in Section 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: **X**  **JAMES R. PETTIS** 4-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #