2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State
04-12-2006 90088 022 ***150.00

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1. Entity Name

VIRGINIA JAMES RESTAURANTS, INC.

Principal Place of Business	Mailing Address
5550 NORTH LAGOON DRIVE PANAMA CITY CEACH FL 32408	5550 NORTH LAGOON DRIVE PANAMA CITY CEACH FL 32408

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
8503 Thomas Dr	8503 Thomas 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 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 CEACH 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETTIS, JAMES RAY		NAME	
STREET ADDRESS	5550 NORTH LAGOON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY CEACH FL 32408		CITY-ST-ZIP	
TITLE	S	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	PITTIS, VIRGINIA		NAME	
STREET ADDRESS	5550 NORTH LAGOON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY CEACH FL 32408		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 [signature] James R. Pettis 4-5-06

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