


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P32546 1. Entity Name FAZOLI'S RESTAURANTS, INC. |  |
|--|---|



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1180070

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|---|
| Principal Place of Business 2470 PALUMBO DRIVE LEXINGTON, KY 40509-1117 | Mailing Address 2470 PALUMBO DRIVE LEXINGTON, KY 40509-1117 |
|---|---|

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FINE, REBECCA 2470 PALUMBO DRIVE LEXINGTON, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SMITH, DAVID 2470 PALUMBO DRIVE LEXINGTON, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOYODA, KUNI 2470 PALUMBO DRIVE LEXINGTON, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ALBRITTON, WAYNE M 2470 PALUMBO DRIVE LEXINGTON, KY 40509 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPGC MOORE, M E 2470 PALUMBO DR LEXINGTON, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WATKINS, KATHRYN 2470 PALUMBO DR LEXINGTON, KY 40509 |

U000000012747
01/26/04-80022-012 300.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

David Smith

01/07/2004

(859) 825-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #