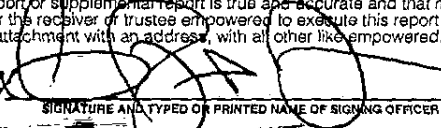


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000065737		
1. Entity Name ANGELO'S RESTAURANT, INC.		
Principal Place of Business 2910 KERRY FOREST PKWY. SUITE B-1 TALLAHASSEE, FL 32308		Mailing Address 725 KENILWORTH DR. TALLAHASSEE, FL 32312
DO NOT WRITE IN THIS SPACE		
		04252005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3331331
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOANOS, GEORGE ANGELO 2910 KERRY FOREST PKWY. SUITE B-1 TALLAHASSEE, FL 32308		DO NOT WRITE IN THIS SPACE
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, 2005 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	PD JOANOS, GEORGE ANGELO 2910 KERRY FOREST PKWY. TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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TITLE 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)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE A. JANOS		4/29/05 850-894-8897 Date Daytime Phone #