2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055724

1. Entity Name
PLANTATION RESTAURANT, INC.

Principal Place of Business	Mailing Address
400 SOUTH STATE RD. 7 PLANTATION, FL 33317	400 SOUTH STATE RD. 7 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0766427	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000344578
04/30/05-80001-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MCDONALD, GERALD T
STREET ADDRESS	400 S. STATE RD. 7
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____Gerald T. McDonald_____ 4/25/05 954-584-3000

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