

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90008 043 ***150.00

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1. Entity Name

RESTAURANT'S OF TALLAHASSEE, INC.



Principal Place of Business

3375 H CAPITAL CIRCLE, NE #1
TALLAHASSEE FL 32308

Mailing Address

3375-H CAPITAL CIR NE
SUITE 1
TALLAHASSEE FL 32308
US

2. Principal Place of Business

3404 Mahan Drive

Suite, Apt. #, etc.

3. Mailing Address

3404 Mahan Drive

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
Tallahassee, Florida

Zip
32308

Country
USA

City & State
Tallahassee, Florida

Zip
32308

Country
USA

4. FEI Number 59-3476939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANTON, ERROL
3270 MAHAN DRIVE
TALLAHASSEE FL 32308

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

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

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

TITLE DP ☐ Delete
NAME PANTON, ERROL
STREET ADDRESS 3375 A CAPITAL CR, NE #1
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVP ☐ Delete
NAME PANTON, ANDREA
STREET ADDRESS 3375 H CAPITAL CR, NE #1
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVP ☐ Delete
NAME PANTON, SAMANTHA
STREET ADDRESS 3375 H CAPITAL CR, NE #1
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #