2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90025 035 ***150.00

DOCUMENT # P97000086071

1. Entity Name
RESTAURANT'S OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
3404 MAHAN DR. TALLAHASSEE, FL 32308 2417-4 Fleischmann Rd Tallahassee, Fl 32308	3404 MAHAN DR. 2417-4 Fleischmann Rd SUITE 1 Tallahassee, Fl 32308 TALLAHASSEE, FL 32308 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ 3-22-05
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

10. OFFICERS AND DIRECTORS

TITLE	DP	
NAME	PANTON, ERROL	
STREET ADDRESS	3375 A CAPITAL CR, NE #1	2417-4 Fleischmann Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32308	Tallahassee, Fl 32308
TITLE	DVP	
NAME	PANTON, ANDREA	
STREET ADDRESS	3375 H CAPITAL CR, NE #1	2417-4 Fleischmann Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32308	Tallahassee, Fl 32308
TITLE	DVP	
NAME	PANTON, SAMANTHA	
STREET ADDRESS	3375 H CAPITAL CR, NE #1	2417-4 Fleischmann Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32308	Tallahassee, Fl 32308
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: _____ 3-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #