2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90025 035 ***150.00

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

Principal Place of Business
3404 MAHAN DR.
TALLAHASSEE, FL 32308
2417-4 Fleischmann Rd
Tallahassee, Fl 32308

Mailing Address
3404 MAHAN DR.
SUITE 1
TALLAHASSEE, FL 32308 US
2417-4 Fleishmann Rd
Tallahassee, Fl 32308

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