

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000086071

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



Principal Place of Business
2417-4 FLEISCHMANN RD
TALLAHASSEE, FL 32308 US

Mailing Address
2417-4 FLEISCHMANN RD
TALLAHASSEE, FL 32308 US

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

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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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PANTON, ERROL
STREET ADDRESS	2417-4 FLEISCHMANN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVP
NAME	PANTON, ANDREA
STREET ADDRESS	2417-4 FLEISCHMANN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVP
NAME	PANTON, SAMANTHA
STREET ADDRESS	2417-4 FLEISCHMANN
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #