2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90041 034 ***150.00

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

Principal Place of Business	Mailing Address
3270 HANAN DR. TALLAHASSEE, FL 32308 US	PO BOX 15587 TALLAHASSEE, FL 32317-5587 US

40045867

02212008 No Chg-P CR2E034 (11/05)

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~~ 1334 Timberlane RD
TALLAHASSEE, FL 32308 Suite 9
Tallahassee FL 32312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	~~2417 4 FLEISCHMANN RD~~ 1334 Timberlane Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32308 Suite 9 Tallahassee 323 12
TITLE	DVP
NAME	PANTON, ANDREA Same as Above
STREET ADDRESS	~~2417 4 FLEISCHMANN RD~~
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DVP
NAME	PANTON, SAMANTHA Same As
STREET ADDRESS	~~2417 4 FLEISCHMANN~~ Above
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 #