## 2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # S38701** t. Entity Name RESTAURANT MARKETING AND MANAGEMENT, INC.

**FILED** Mar 17, 2006 08:00 AM Secretary of State

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	Principal	Place	of	Bu	siness

Mailing Address

943 SE FT. KING ST OCALA, FL 34471 US 943 SE FT. KING ST OCALA, FL 34471 US

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03132006	No Chg-P	CR2E034 (11/05)

4. FEI Number 59-3056421

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

đ.	Name and	Address	of Current Registered A	aent

FORE, MERRITT C., JR.

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6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent a	943 SE FT, KING ST OCALA, FL 34471 —			IN THIS SPACE		
Spriature, 1,094d or printed name of registerous agent and little 8 approache. PATE Registerous Agent algorithms recoursed when rendating)  After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  DP FORE, MERRITT C., JR. 943 SE FT. KING ST COALA, FL  U00000470747  BAME STREET ADDRESS OTY-ST-ZP  OCALA, FL  TITLE MAME SIRVET ADDRESS OTY-ST-ZP  TITLE MAME SIRVET ADDRESS SIRVET ADRESS SIRVET ADDRESS SIRVE	the obligati	ions of registered agent.	urpose of changing its registered o	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. DP NAME FORE, MERRITT C., JR. STREET ADDRESS  943 SE FT. KING ST OCALA, FL  11. DVPS CAMIP, GENE B. 943 SE FT. KING ST OCALA, FL  10. OVPS COMPR. GENE B. 943 SE FT. KING ST OCALA, FL  10. OVPS COMPR. GENE B. 943 SE FT. KING ST OCALA, FL  10. OVPS COMPR. GENE B. 943 SE FT. KING ST OCALA, FL  10. OVPS COMPR. GENE B. 10. OVPS OCALA, FL	SIGNATURE_	Signature, typed or printed name of registered agent and title ti	applicable. [NOTE: Registered Agr	ani signatur	required when re-natating)	DATE
TITLE POPE, MERRITT C., JR.  STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A	Fill After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			\$5.00 May Be Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	DP FORE, MERRITT C., JR. 943 SE FT. KING ST OCALA, FL DVPS CAMP, GENE B. 943 SE FT. KING ST	TORS		DO	03/28/06-80025-025 150.00
STREET ADDRESS	NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP				IN '	THIS SPACE
	STREET ADDRESS					

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 supplementar report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of the provided to expecute 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 pring like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR