

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63897

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: JOHNSON RESTAURANT GROUP, INC.

## Current Principal Place of Business:

5121 EHRLICH RD  
STE 42-B  
TAMPA, FL 33624 US

## New Principal Place of Business:

5121 EHRLICH RD  
STE 112-B  
TAMPA, FL 33624 US

## Current Mailing Address:

5121 ERlich RD  
STE 112-B  
TAMPA, FL 33624 US

## New Mailing Address:

FEI Number: 59-3072550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, CHARLES P.  
5121 EHRLICH RD, STE 112-B  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JOHNSON, CHARLES P,  
Address: 1001 LOWER STOW CT  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: JOHNSON, AVA,  
Address: 1001 LOWER STOW CT  
City-St-Zip: BRENTWOOD, TN 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: JOHNSON, CHARLES P,  
Address: 3603 PRUNUS PLACE  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: JOHNSON, AVA,  
Address: 3603 PRUNUS PLACE  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P. JOHNSON

DP

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date