


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000091107</b>	
<b>1. Entity Name</b> DAD'S DINER, INC.	

<b>Principal Place of Business</b> 3424 DELTONA BLVD SPRING HILL, FL 34608	<b>Mailing Address</b> 10337 FAIRCHILD SPRING HILL, FL 34608
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**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 56-3672608	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BROWN, JAMES M 211 S. MAIN STREET BROOKSVILLE, FL 34601	<b>DO NOT WRITE IN THIS SPACE</b>
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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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000094934 03/24/04-80011-018 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D LAABS, JAMES V 10337 FAIRCHILD ROAD SPRING HILL, FL 34608
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D LAABS, LOUISE H 10337 FAIRCHILD ROAD SPRING HILL, FL 34608
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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)(f), 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:** James V Laabs **3-20-04** **3526847789**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #