

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 003 ***150.00

DOCUMENT # P01000077084	
1. Entity Name THE BUTLERS PANTRY OF BAYTOWN, INC.	

Principal Place of Business 3900 MARRIOTT DR. SUITE E PANAMA CITY BEACH, FL 32408	Mailing Address P.O. BOX 27062 BAY POINT, FL 32411
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3735564	Applied For Not Applicable
Zip 32411	Country	Zip	Country

6. Name and Address of Current Registered Agent CRISWELL, EDWIN & NANCY 3900 MARRIOTT DR., SUITE E P.O. BOX 27062 PANAMA CITY, FL 32411		7. Name and Address of New Registered Agent Name NANCY S. CRISWELL Street Address (P.O. Box Number is Not Acceptable) 3900 MARRIOTT DR. SUITE E P.O. BOX 27062 City Panama City FL Zip Code 32411	
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I, 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CRISWELL, EDWIN M 3900 MARRIOTT DR., P.O. BOX 27062 PANAMA CITY, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CRISWELL, NANCY S 3900 MARRIOTT DR., P.O. BOX 27062 PANAMA CITY, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nancy S. Criswell **NANCY S. CRISWELL** Sec/Treas 1-21-04 850.236.7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



01202004 Chg-P CR2E034 (10/03)