2004 ANNUAL REPORT

09-13-2004 90128 001 ***150.00
09-13-2004 90128 002 *****8.75

G93621

FILED

04 SEP 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G93621

1. Entity Name.
C & L DINING, INC.

Principal Place of Business	Mailing Address
12701 MCGREGOR BLVD FORT MYERS, FL 33919	12701 MCGREGOR BLVD FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

09082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2383519

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWLER, DIANE
12932 ELM CREEK CT.
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LAWLER, DIANE
STREET ADDRESS	12932 ELM CREEK CT.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: Diane Lawler 9-8-04 2398783153

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING THE ANNUAL REPORT — Date — Daytime Phone #

ATTACHMENT

66433597 # 693621

Sept 8-04

To Whom It may Concern,

I'm very sorry for the late Return. I called and they told me to overnight this with the check for 150 and Explain the circumstance in a letter. My husband has had 5 By Passes done and spent most of the past year in the hospital in Tampa so I've been not home. My brother of 43 yrs old died 3 months ago in Pennsylvania and I was there with family for 1 month while my children took care of husband. It's been a mess here and my business is struggling very much not to mention the hurricane took my whole roof off and lots of damage done with no insurance. Please accept my fee for my form late If I owe you more still send it just notify me at (239) 878-3153.

Thank You so very much

Diane Laule

9-8-04