


2004 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90026 049 ***150.00

DOCUMENT # H95260 1. Entity Name AIRPORT RESTAURANT, INC.	
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Principal Place of Business 1120 FLIGHTLINE BLVD. DELAND FL 32724	Mailing Address 1120 FLIGHTLINE BLVD. DELAND FL 32724
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66405036



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2641537	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KRIST, THOMAS 1120 FLIGHTLINE BLVD. DELAND FL 32724

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIST, THOMAS 776 OLD TREELINE TR DELAND FL <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZIMNIK, JERRI E 1606 KINNAN TR DELAND FL 32728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RON & ANN OLIVER Vice Pres. 2856 SHENANDOAH RD. DELAND, FLA. 32720 Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Thomas Krist* **THOMAS KRIST** (386) 734-9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #