

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/20/2

FILED
Jun 18, 2004 8:00 am
Secretary of State

04-20-2004 90189 040 ****50.00

DOCUMENT # L03000020610	
1. Entity Name CORNERSTONE CUSTARD, LLC	

Principal Place of Business 22 NORTH PALAFOX PENSACOLA, FL 32501	Mailing Address 22 NORTH PALAFOX PENSACOLA, FL 32501
--	--

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

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1068021	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TUCKER, BRIAN 7609 NORTHPOINTE DRIVE PENSACOLA, FL 32514	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner MGRM David Johnson 302 S 61ST Ave Pensacola, FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kimberly Johnson 302 S 61ST Ave Pensacola, FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Dal Sfk</u>	Date: <u>4/5/04</u>	Daytime Phone #: <u>(850) 444-9502</u>
---------------------------	---------------------	--