

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000030911

1. Entity Name
PETE'S DINER, INC.



Principal Place of Business
**1900 E. ROBINSON ST.
ORLANDO, FL 32803**

Mailing Address
**1900 E. ROBINSON ST.
ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3635399

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SPENCER, STEVEN A
1900 E. ROBINSON ST.
ORLANDO, FL 32803**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHARMER, ALLAN T
STREET ADDRESS	310 ROSE AVENUE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	ST
NAME	Diedre Pharmed
STREET ADDRESS	310 Rose Avenue
CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000229991
02/15/05-80024-007 198.75

**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:

Allan T. Pharmed

Allan T. Pharmed

2/9/05

352-365-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #