

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**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**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3635399</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee 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, 2007 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	DS
NAME	PHARMER, DEIDRE
STREET ADDRESS	310 ROSE AVE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80040-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Deidre Pharmed* **Deidre Pharmed**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07* **352-516-5069**  
Date Daytime Phone #