2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004
Secretary of State

DOCUMENT# P00000034827

Entity Name: THE CARAVAN RESTAURANT, INC.

Current Principal Place of Business:

4628 HIGHWAY 90 EAST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

188 DEVON DRIVE
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3640530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERETT, FRANCES
188 DEVON DRIVE
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: EVERETT, FRANCES B
Address: 188 DEVON DR.
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: EVERETT, HENRY B
Address: 188 DEVON DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: DS ( ) Delete
Name: JONES EVERETT, FRANC C
Address: 4628 HIGHWAY 90 EAST
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: JONES EVERETT, FRAN C
Address: 4628 HIGHWAY 90 EAST
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRRAN CHARISSE EVERETT JONES DS 08/02/2004

Electronic Signature of Signing Officer or Director Date