


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 041 ***150.00

DOCUMENT # P00000042352		
1. Entity Name DINER FAMILY, INC.		

24071660

Principal Place of Business 7390 SARIMENTO PLACE DELRAY BEACH, FL 33446	Mailing Address 7390 SARIMENTO PLACE DELRAY BEACH, FL 33446
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2. Principal Place of Business 10 Wincove Lane	3. Mailing Address 10 Wincove Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Rockledge, FL	City & State Rockledge, FL	4. FEI Number 65-1002511	Applied For <input type="checkbox"/> Not Applicable
Zip 32955	Country U.S.	Zip 32955	Country U.S.

02132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DINER, SANDRA S 7390 SARIMENTO PLACE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Diner, Sandra S. Street Address (P.O. Box Number is Not Acceptable) 10 Wincove Lane City Rockledge FL Zip Code 32955	
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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 *Sandra Diner* DATE 4/29/04
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINER, SANDRA S 7390 SARIMENO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diner, Sandra S. 10 Wincove Lane Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Sandra Diner* DATE 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #