


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |
|---|---|
| DOCUMENT # P00000069526                 |  |
| 1. Entity Name<br>LUNCH OR DINNER, INC. |   |

**FILED**

04 NOV 16 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>12101 CRESCENT COVE COURT<br>WINDERMERE, FL 34786 | Mailing Address<br>12101 CRESCENT COVE COURT<br>WINDERMERE, FL 34786 |
|--|--|

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



10202004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>BOZZUTO, JACQUELINE<br>215 NORTH EOLA DRIVE<br>ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent<br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ FL Zip Code _____ |
|---|--|

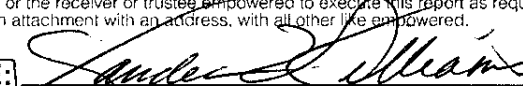
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPT<br>RIVERS, JOHNNY<br>12101 CRESCENT COVE COURT<br>WINDERMERE, FL 34786 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300042871963<br>11/18/04--01055--004 **\$50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>BROOKS, STEPHEN M<br>12101 CRESCENT COVE COURT<br>WINDERMERE, FL 34786 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AS<br>Vandel Williams<br>12101 Crescent Cove Court<br>Windermere, FL 34786 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **11/08/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #