


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074285 1. Entity Name THE CORNER PUB, INC.	
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Principal Place of Business 1915 N ANDREWS AVE WILTON MANORS, FL 33311	Mailing Address 1101 NW 30TH STREET 3 WILTON MANORS, FL 33311
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02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1030442	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PYE, THOMAS G 408 W. UNIVERSITY AVE. SUITE 108-B GAINESVILLE, FL 32601
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**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: *Thomas G. Pye* (NOTE: Registered Agent signature required when registration) 2/10/04 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**1000000064692
02/25/04-80003-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHANAN, CHARLES JR 1101 NW 30TH COURT #3 WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SHULTZ, LONNIE 1101 NW 30TH COURT #3 WILTON MANORS, FL 33311
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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)(f), 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: *Charles R. Buchanan Jr.* 2/13/04 DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #