

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000101362

1. Entity Name
STONE CREEK RESTAURANTS, INC.



Principal Place of Business
1025 WEST 23RD ST.
PANAMA CITY, FL 32405

Mailing Address
2209 N SLAPPEY BLVD
ALBANY, GA 31701

FILED
Jan 09, 2004 08:00 AM
Secretary of State



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3683067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY, FL 32401

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PURVIS, WOODROW W
1025 WEST 23RD ST.
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PURVIS, VERA L
1025 WEST 23RD ST.
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000001384
01/12/04-80005-019 150.00

**DO NOT WRITE
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)(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:

Veria L. Purvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas. 1/7/04

229-878
0650

Date

Daytime Phone #