



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 003 ***150.00

DOCUMENT # P01000077084 1. Entity Name THE BUTLERS PANTRY OF BAYTOWN, INC.					
Principal Place of Business 3900 MARRIOTT DR. SUITE E PANAMA CITY BEACH, FL 32408			Mailing Address P.O. BOX 27062 BAY POINT, FL 32411		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3735564	
Zip 32411		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRISWELL, EDWIN & NANCY 3900 MARRIOTT DR., SUITE E P.O. BOX 27062 PANAMA CITY, FL 32411				7. Name and Address of New Registered Agent Name NANCY S. CRISWELL Street Address (P.O. Box Number is Not Acceptable) 3900 MARRIOTT DR. SUITE E P.O. BOX 27062 City Panama City FL 32411	
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 re-registering) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CRISWELL, EDWIN M 3900 MARRIOTT DR., P.O. BOX 27062 PANAMA CITY, FL 32411	<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	TS CRISWELL, NANCY S 3900 MARRIOTT DR., P.O. BOX 27062 PANAMA CITY, FL 32411	<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: <i>Nancy S. Criswell</i> NANCY S. CRISWELL Sec/ Treas 1-21-04 850.236 7035					