

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90553 015 ***150.00

DOCUMENT # P02000051068

1. Entity Name

PAPILLON CATERING & RESTAURANT, INC.



Principal Place of Business

819 S FLORIDA AVENUE
LAKELAND FL 33801

Mailing Address

819 S FLORIDA AVENUE
LAKELAND FL 33801

2. Principal Place of Business

702 E. Orange St

Mailing Address

PO Box 506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Caton Park FL

Zip

33801

Country

FLK

Zip

33840

Country

FLK

6. Name and Address of Current Registered Agent

OWENBY, BEVERLY
819 S FLORIDA AVENUE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
PO Box 506
City Caton Park FL Zip Code 33840

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OWENBY, JESSE S	
STREET ADDRESS	819 S FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENBY, BEVERLY	
STREET ADDRESS	819 S FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Beverly L Owenby Beverly L Owenby 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #