

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000098567**

1. Entity Name  
**M & D COUNTRY KITCHEN, INC.**



Principal Place of Business  
**115 SOUTH TAMiami TRAIL  
OSPNEY, FL 34229**

Mailing Address  
**115 SOUTH TAMiami TRAIL  
OSPNEY, FL 34229**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0427126**

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, JAMES  
324 HARVARD RD.  
VENICE, FL 34292**

**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 *Cleopatra Galanos*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 7, 2004*

**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**

**U000000046648  
02/12/04-80009-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES 324 HARVARD RD. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAMELA 324 HARVARD RD. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALANOS, CLEOPATRA 436 ROSSETTI DR. E. OSPNEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Cleopatra Galanos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 7, 2004*

Date

Daytime Phone #