

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000098567

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



Principal Place of Business
115 SOUTH TAMiami TRAIL
OSPREY, FL 34229

Mailing Address
115 SOUTH TAMiami TRAIL
OSPREY, FL 34229



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0427126

Applied For
Not Applicable

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

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U000000221972
02/09/05-80052-020 150.00

**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: Cleopatra Galanos CLEOPATRA GALANOS 2-305 966201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #