

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90045 018 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000103222 1. Entity Name ROADSIDE DINER OF CYPRESS GARDENS, INC.					
Principal Place of Business 3378 CYPRESS GARDENS RD WINTER HAVEN, FL 33884			Mailing Address 3378 CYPRESS GARDENS RD WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 52-2380156	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COLLINS, DEBRA 3378 CYPRESS GARDENS RD WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, DEBRA	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	415 JAMES AVE	STREET ADDRESS	1187 35th St NW		
CITY-ST-ZIP	AUBURNDAL, FL 33823	CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ODUUM, PAULINE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	301 ALACHUA DR SE	STREET ADDRESS	1493 N Lake Shipp Dr		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	Winter Haven, FL 33880		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, SHIRLEY	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1014 BILTMORE DR NW	STREET ADDRESS	4330 Duck Down Lane		
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP	Winter Haven, FL 33884		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Shirley Harris</i>		1-13-05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			