

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 045 ***150.00

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1. Entity Name

CVP RESTAURANT MANAGEMENT, INC.



Principal Place of Business

402 LAKE DORA ROAD
MT DORA, FL 32757

Mailing Address

475 MONTGOMERY PL
ALTMONTE SPRINGS, FL 32714

100 E. 4th AVE
MT DORA FL
32757

SAME

20034306



04062005

No Chg-P

CR2E034 (10/03)

4. FEI Number

57-1145440

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

KELLEY GOLDBERG LEACH AND COHN PL
475 MONTGOMERY PL
ALTAMONTE SPRINGS, FL 32714

DORIS HAWKING
100 S. TREMAIN E-1 MT DORA FL
32757

**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

Doris Hawking

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ULERY, CHARLES
402 LAKE DORA ROAD
MOUNT DORA, FL 32757

P
HAWKING DORIS
100 S. TREMAIN E-1
MT DORA FL
32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Doris Hawking

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

352-735-0606 Home
352-735-1711

Daytime Phone #

DORIS HAWKING