# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/9/2004-90016-042-$150.00-$150.00

DOCUMENT # P03000008126

1. Entity Name
COUNTRY INN RESTAURANT, INC.

REINSTATEMENT 04-05

| Principal Place of Business | Mailing Address |
|---|---|
| 6859 FL-GA HWY<br>HAVANA, FL 32333 | 6859 FL-GA HWY<br>HAVANA, FL 32333 |

07192004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 06-1669973 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SCHECK, ROSEANN<br>396 MOODY LANE<br>HAVANA, FL 32333 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Rose Scheck Mgr
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**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SCHECK, ROSEANN<br>396 MOODY LANE<br>HAVANA, FL 32333 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SCHECK, MARK<br>410 OGDEN ST.<br>BRIDGEPORT, CT 06606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SCHECK, JEFF<br>9 NEWTON ST.<br>SAYVILLE, NY 11782 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>700056613467<br>06/28/05--01040--003 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

05 JUN 24 PM 4:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:** Rose Scheck 7/8/04 850-539-4600
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rose Scheck 6/24/05 850-539-4600

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To Whom it may concern:

Resubmitted paperwork August 2004.

Called after receipt of November 18, 2004 letter & told them it had been resent in August.

In May spoke with them & the office said they could waives the 600.00 reinstatement fee & cost would be $150.00

Rose Ann Schock
County Inn Restaurant Inc