

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000063812

1. Entity Name

JUKEBOX DINER, INCORPORATED



**FILED
Feb 14, 2005 8:00 am
Secretary of State**

02-14-2005 90059 008 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business Mailing Address
2507 NORTH OCEAN BLVD.
POMPANO BEACH FL 33062 2507 NORTH OCEAN BLVD.
POMPANO BEACH FL 33062

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 AP-PLIED FOR Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCOLLIN, BERNADETTE E
3101 PORT ROYALE BLVD.
421
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Bernadette Scollin E
Street Address (P.O. Box Number is Not Acceptable)
801 N. Ocean Blvd # 603

City Pompano Bch FL Zip Code 33062

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/7/05

FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME SCOLLIN, BERNADETTE E
STREET ADDRESS 3101 PORT ROYALE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE V Delete
NAME HERR, LINDA I
STREET ADDRESS 3101 PORT ROYALE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Change Addition
NAME SCOLLIN, BERNADETTE E
STREET ADDRESS 801 N. Ocean Blvd # 603
CITY-ST-ZIP Pompano Bch FL 33062

TITLE V Change Addition
NAME LINDA Herr
STREET ADDRESS 801 N. Ocean Blvd # 603
CITY-ST-ZIP Pompano Bch FL 33062

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-
946-5101