2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P03000112476** 04-18-2005 90573 042 ***150.00 DINNER DONE, INC Principal Place of Business Mailing Address 10330 N. DALE MABRY HWY 1107 FLORES DE AVILA 20036709 TAMPA, FL 33613 US TAMPA, FL 33618 2. Principal Place of Business 3. Mailing Address 0330N Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) City & State 4. FEI Number Applied For 30-0208239 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CNasse NASSER-AUDRA C-O. Box Number is Not Acceptable) 1107 FLORES DE AVILA <u>Oale</u> TAMPA, FL 33613 City 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, typed or printed name of registered agent and title it applicable (NOTE: Regis 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Change ☐ Delete TITLE ☐ Addition NAME NASSER, AUDRA C NAME STREET ADDRESS 1107 FLORES DE AVILA STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Addition NASSER, DANIEL K NAME NAME 1107 FLORES DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

FILED