


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90111 001 ***450.00

DOCUMENT # P03000113172	
1. Entity Name CULINARY REFINEMENT, INC.	

66009751



Principal Place of Business 2004 CRYSTAL LAKE DR DESTIN, FL 32541 86 Cayman Cove Destin, FL 32541		Mailing Address 2004 CRYSTAL LAKE DR DESTIN, FL 32541	
2. Principal Place of Business 36178 Emerald Coast Pkwy		3. Mailing Address 36178 Emerald Coast Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32541	Country U.S.A.	Zip 32541	Country U.S.A.

01062005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2128994		<input type="checkbox"/> Applied For <input checked="" 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 BURKE, M. TODD ESQ BURKE BLUE & HUTCHINSON PA 215 GRAND BLVD SUITE 101 DESTIN, FL 32550			
7. Name and Address of New Registered Agent Name Burke, M. Todd Esq. Street Address (P.O. Box Number is Not Acceptable) Burke, Blue, Hutchison & Walters, P. A. 215 Grand Blvd Suite 101 Destin FL Zip Code 32550			

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 John M. Shoop DATE 01/06/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOOP, JOHN M 2004 CRYSTAL LAKE DR 86 CAYMAN COVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shoop, John M. 36178 Emerald Coast Pkwy Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John M. Shoop Director DATE 01/06/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR