2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000035271

1. Entity Name
CITY DINER, INC,

Principal Place of Business	Mailing Address
1010 BONAVENTURE AVENUE GREEN COVE SPRINGS, FL 32043	1010 BONAVENTURE AVENUE GREEN COVE SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0768623
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHORT, JEFF R
1010 BONAVENTURE AVENUE
GREEN COVE SPRINGS, FL 32043

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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 _____ DATE
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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	SHORT, JEFF R
STREET ADDRESS	P.O. BOX 456
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	V
NAME	PIERCE, CHRISTELLE
STREET ADDRESS	P.O. BOX 114
CITY-ST-ZIP	PENNY FARMS, FL 32079
TITLE	S
NAME	WRIGHT, CRYSTAL Y
STREET ADDRESS	P.O. BOX 1620
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	T
NAME	SHORT, WELLAND R JR
STREET ADDRESS	431 MELROSE AVENUE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80056-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/29/06 904 284-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR — Date — Daytime Phone #