## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 Al Secretary of State

ANNUAL REPORT		
DOCUMENT # P04000072593  1. Entity Name COUNTRY STYLE RESTAURANT, INC.		
Principal Place of Business	Mailing Address	
3222 SOUTH HS 1	1 2H HTHO2 CCCE	

FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 CR2E034 (11/05) 04112007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1143580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENNETT, DIANA DO NOT WRITE **3222 SOUTH US 1** FT, PIERCE, FL 34982 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD BENNETT, DIANA NAME 3222 SOUTH US 1 STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34982 U00000712404 04/26/07-80046-015 158.75 TITLE STEWART, ETHEL NAME STREET ADDRESS 139-43 228 STREET CITY-ST-7/P LAURELTON, NY 11413 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 to 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

nneTT 4/11/09