


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 019 ***150.00

DOCUMENT # P05000066134 1. Entity Name SHERRY'S KITCHEN & BUFFET, INC.					
Principal Place of Business 1200 S. WOODLAND BLVD DELAND, FL 32720			Mailing Address 1200 S. WOODLAND BLVD DELAND, FL 32720		
2. Principal Place of Business - No P.O. Box # 344 E New York		3. Mailing Address 404 S Boston Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Deland FL		City & State Deland FL 32724			
Zip 32720		Country VOLUSIA		Zip 32724	
Country VOLUSIA		Country VOLUSIA			
6. Name and Address of Current Registered Agent FIEDLER, TIMOTHY R 217 E. PLYMOUTH AVE DELAND, FL 32724			7. Name and Address of New Registered Agent Name Audie Smith Street Address (P.O. Box Number is Not Acceptable) 404 S Boston Ave City Deland FL Zip Code 32724		
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 Audie A. Smith DATE 2-1-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD <input checked="" type="checkbox"/> Delete NAME SMITH, SHERRY D STREET ADDRESS 1200 S. WOODLAND BLVD CITY-ST-ZIP DELAND, FL 32720			TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Smith Sherry D STREET ADDRESS 404 S Boston Ave CITY-ST-ZIP Deland FL 32724		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sherry D Smith 2-1-08 384 561-0623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					