

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000122507

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SCHIFFERMILLER OSTEEN'S FAMILY RESTAURANT, INC.

**Current Principal Place of Business:**

195 S. S.R. 415  
OSTEEN, FL 32764

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 277  
OSTEEN, FL 32764

**New Mailing Address:**

**FEI Number:** 26-1420205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIFFERMILLER, KENNETH  
1129 PINEY WOODS ROAD  
OSTEEN, FL 32764 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: SCHIFFERMILLER, KENNETH  
Address: 1129 PINEY WOODS TRL  
City-St-Zip: OSTEEN, FL 32764

Title: VPS  
Name: SCHIFFERMILLER, RUTH  
Address: 1129 PINEY WOODS TRL  
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH SCHIFFERMILLER

PT

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date