


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000050041 1. Entity Name SHELLY'S DINER, INC.	
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Principal Place of Business 15845 S.W. WARFIELD INDIANTOWN, FL 34956	Mailing Address P.O. BOX 584 INDIANTOWN, FL 34956
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0677364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRISKILL, DEANNE 7300 SPRINGHAVEN ESTATES P.O. BOX 510 INDIANTOWN, FL 34956

**DO NOT WRITE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000049721 02/13/04-80034-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMBETAS, MARK 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISKILL, DEANNE 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>Deanne Driskill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/10/04</u> 772 597 3388 <small>Daytime Phone #</small>
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