

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90198 038 ***150.00

DOCUMENT # P96000067950

1. Entity Name
PLUMMER'S FAMILY RESTAURANT, INC.



Principal Place of Business
11762 MARTIN LUTHER KING, JR. BLVD.
SEFFNER, FL 33584

Mailing Address
11762 MARTIN LUTHER KING, JR. BLVD.
SEFFNER, FL 33584



04232004 No Chg-P. CR2E034 (10/03)

4. FEI Number
65-0686930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PLUMMER, PHILIP M JR.
11762 MARTIN LUTHER KING, JR. BLVD.
SEFFNER, FL 33584

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME PLUMMER, PHILLIP M JR.
STREET ADDRESS 518 AVOCADO CIR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE D
NAME MANNING, PATRICIA
STREET ADDRESS 6403 COUNTY ROAD 579
CITY-ST-ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 6614390