2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000067950

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

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

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0686930	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

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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, 2008 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	710 CAMROSE DR
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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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80028-017 150.00

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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: _____ Patricia Manning   4-25-08   813 661 4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #