

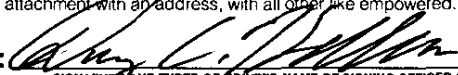


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 827896 1. Entity Name MONFORT FOOD DISTRIBUTION COMPANY						FILED 04 APR 28 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1770 PROMONTARY CIR. CC241 OMAHA, NE 68102-5001		Mailing Address 1770 PROMONTARY CIR. GREELEY, CO 80634					
2. Principal Place of Business 1770 Promontory Circle		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Greeley CO		City & State		4. FEI Number 84-0519874		Applied For Not Applicable	
Zip 80634		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04072004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMONS, JOHN H 1770 PROMONTARY CIRCLE GREELEY, CO 80634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Donald Wiseman 1770 Promontory Circle Greeley CO 80634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HERRO, DANNY 1770 PROMONTARY CIRCLE GREELEY, CO 80634	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP Dawny Herron 1770 Promontory Circle Greeley CO 80634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSE, JOHN 1770 PROMONTARY CIRCLE GREELEY, CO 80634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Michael Hajost 1770 Promontory Circle Greeley CO 80634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONNETTA, JOE 1770 PROMONTARY CIRCLE GREELEY, CO 80634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400035822084 05/10/04--01079--006 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				Date: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (470) 506-7923			