


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90008 035 ***158.75

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1. Entity Name
TONY DOWNS FOOD COMPANY



Principal Place of Business
**400 NORTH ARMSTRONG BLVD.
 ST. JAMES, MN 56081**

Mailing Address
**400 NORTH ARMSTRONG BLVD.
 ST. JAMES, MN 56081**

54054482



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

05052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**DOWNS, RICHARD A
 16750 GULF BLVD. #611
 N REDINGTON BEACH, FL 33708**

4. FEI Number
41-0673792

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SAWYER, DAVID	
STREET ADDRESS	277 SPOTTIS WOODS COURT	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, PATTY	
STREET ADDRESS	1116 9TH ST. NORTH	
CITY-ST-ZIP	ST. JAMES, MN 56081	
TITLE	C	<input type="checkbox"/> Delete
NAME	DOWNS, RICHARD A	
STREET ADDRESS	16750 GULF BLVD. #611	
CITY-ST-ZIP	NORTH REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Exec V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael G. Downs	
STREET ADDRESS	1118 Crystal Lake Dr.	
CITY-ST-ZIP	Lake Crystal, MN 56055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X** *Patty Anderson* **Patty Anderson** **5-7-04** **507-375-3111**

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