


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90123 024 \*\*\*150.00

**DOCUMENT # P98000107050**

1. Entity Name  
**THE ENERGY BAR COMPANY**



Principal Place of Business      Mailing Address

~~1150 POWER STREET~~      ~~1150 POWER STREET~~  
~~SUITE 5~~      ~~SUITE 5~~  
~~NAPLES, FL 34104~~      ~~NAPLES, FL 34104~~

14019477



2. Principal Place of Business      3. Mailing Address

1917 Trade Ctr. way      1917 Trade Ctr. way  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 1      Suite 1

04302004      Chg-P      CR2E034 (10/03)

City & State      City & State

Naples, FL      Naples, FL

Zip      Country      Zip      Country

34109      USA      34109      USA

4. FEI Number      Applied For

59-3571028      Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, CARLOS A  
~~1150 POWER STREET~~  
~~SUITE 5~~  
~~NAPLES, FL 34104~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1917 Trade Center way  
 Suite 1

City      State      Zip Code

Naples      FL      34109

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.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, CARLOS	
STREET ADDRESS	<del>1150 POWER STREET</del>	
CITY-ST-ZIP	<del>NAPLES FL 34104</del>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLCHER, MAX A	
STREET ADDRESS	1000 TAMiami TR N #502	
CITY-ST-ZIP	NAPLES, FL 34102	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1917 Trade Ctr. way, Ste 1	
CITY-ST-ZIP	Naples, FL 34109	
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: Max A. Holcher      Date: 4/28/04      Daytime Phone #: 239-649-7007

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