


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53676</b> 1. Entity Name ORANGE PARK TREATS, INC.		
Principal Place of Business 610 KINGSLEY AVE. ORANGE PARK, FL 32073 US		Mailing Address 610 KINGSLEY AVE. ORANGE PARK, FL 32073 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GALLAGHER, NANCY 610 KINGSLEY AVE ORANGE PARK, FL 32073		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000036516 02/06/04-80060-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLAGHER, NANCY 610 KINGSLEY AVE ORANGE PARK, FL 32073	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, NANCY 610 KINGSLEY AVE ORANGE PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEESER, SCOTT 610 KINGSLEY AVE. ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCHANAN, MELISSA 610 KINGLSEY AVE ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Nancy Gallagher</u> NANCY GALLAGHER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/1/04 (904) 2643207 <small>Date Daytime Phone #</small>