


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90078 019 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # V14123</b>  |  |  |
| 1. Entity Name<br><b>BULK-N-NATURAL FOODSTORE, INC.</b>                             |  |   |
| Principal Place of Business<br><b>3737 BAHIA VISTA STREET<br/>SARASOTA FL 34232</b> |  | Mailing Address<br><b>3737 BAHIA VISTA STREET<br/>SARASOTA FL 34232</b>           |



MOORE CR2E034 (11/03)

|                                |         |                     |         |   |                |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>65-0316518</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                |
| Zip                            | Country | Zip                 | Country |   |                |

|  |  |  |  |  |  |           |          |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent                          |  |  | 7. Name and Address of New Registered Agent        |  |  |           |          |
| <b>GRABER, DAVID L.<br/>448 GOLDEN SANDS DRIVE<br/>SARASOTA FL 34232</b> |  |  | Name   |  |  |           |          |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |           |          |
|  |  |  | City   |  |  | <b>FL</b> | 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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|----------------------------|--|--|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>GRABER, DAVID L.</b>                  |  | NAME  |   |  |
| STREET ADDRESS             | <b>448 GOLDEN SANDS DR</b>               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>SARASOTA FL 34232</b>                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>GRABER, MIRIAM</b>                    |  | NAME  |   |  |
| STREET ADDRESS             | <b>448 GOLDEN SANDS DR</b>               |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>SARASOTA FL 34232</b>                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>KNEPP, LOVINA FERN</b>                |  | NAME  |   |  |
| STREET ADDRESS             | <b>1091 ANNIE LAURIE LN</b>              |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>SARASOTA FL 34232 34240</b>           |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | 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:** *David Graber* **David Graber President 1-24-04 941-957-0595**

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