


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90016 040 ***150.00

DOCUMENT # V48084			
1. Entity Name PAVILLION FOODS, INC.			
Principal Place of Business 4631 PANORAMA AVE HOLIDAY, FL 34690 US		Mailing Address 9631 PANORAMA AVE HOLIDAY, FL 34690 US	
2. Principal Place of Business 4635 PANORAMA AVE		3. Mailing Address 4635 PANORAMA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLIDAY FL		City & State HOLIDAY FL	
Zip 34690	Country	Zip 34690	Country
6. Name and Address of Current Registered Agent COMELLA, MARY E. 10601 WEYBRIDGE DR TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10508 ECHO LAKE DR City ODESSA FL Zip Code 33556	
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: <i>Mary E Comella</i> DATE: 7-10-4 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PS COMELLA, MARY E 4631 PANORAMA AVE. HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4635 PANORAMA AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMELLA, ROBERT 4631 PANORAMA AVE. HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COMELLA, ROBERT JR. 4635 PANORAMA AVE
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
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
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
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: <i>Mary E Comella</i> MARY E. COMELLA		Date: 7/10/4	Daytime Phone #: 727-934-0379

