


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000001299</b> 1. Entity Name METROPOLITAN FOODS, INC.	
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Principal Place of Business 536-D ST. ANDREWS ROAD BOX 156 COLUMBIA, SC 29210	Mailing Address P.O. BOX 105035 ATTN: TAX DEPT. ATLANTA, GA 30348
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1868009	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP	D BOLCH, CARL JR 300 TECHNOLOGY CT SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MCBRAYER, MAX JR. 300 TECHNOLOGY COURT. SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WOOD, JIM 300 TECHNOLOGY COURT SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO DUMBACHER, ROBERT J 300 TECHNOLOGY COURT SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASC CZAJA, CLAUDE P 300 TECHNOLOGY COURT SMYRNA, GA 30082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000134835  
04/28/04-80035-023 150.00

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IN THIS SPACE**

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: Robert J. Dumbacher **4-26-04 (770) 431-7600, x1188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ROBERT J. DUMBACHER**