

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 141098 1. Entity Name FFP ENTERPRISES, INC.	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 865 LILA STREET PO BOX 781 BARTOW FL 33830	Mailing Address 865 LILA STREET PO BOX 781 BARTOW FL 33830
----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0513089	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

6. Name and Address of Current Registered Agent PHILLIPS JR., FRANK F. 865 LILA ST BARTOW FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD PHILLIPS JR., FRANK F. <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PHILLIPS JR., FRANK F.	NAME	UN0000067338
STREET ADDRESS	865 LILA ST.	STREET ADDRESS	02/27/04-80019-023 150.00
CITY - ST - ZIP	BARTOW FL.	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PHILLIPS, ADDIE J.	NAME	
STREET ADDRESS	865 LILA ST.	STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL.	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PHILLIPS, ADDIE J.	NAME	
STREET ADDRESS	865 LILA STREET	STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL.	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BOSWELL, SR., C.A.	NAME	
STREET ADDRESS	150 E. DAVIDSON	STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL.	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Frank F. Phillips Jr.* 2/24/04 863-533-2479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #