

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 277131

FILED
Feb 17, 2004
Secretary of State

Entity Name: CITY PROVISIONERS, INC.

Current Principal Place of Business:

757 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2063
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-1037769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANK, HARVEY PARTNER
757 S. NOVA ROAD
ORMOND BEACH, FL 32174

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROGERS, RICHARD,
Address: 577 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: CD () Delete
Name: FRANK, HARVEY,
Address: 1 JOHN ANDERSON DR, UNIT 612
City-St-Zip: ORMOND BEACH, FL 32176

Title: VDS () Delete
Name: FRANK, LARRY,
Address: 127 BUCKSKIN LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: BENDIX, JOSEPH,
Address: 757 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: FRANK, LINDA
Address: 1 JOHN ANDERSON DR, UNIT 612
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: FRANK, ANDREA
Address: 127 BUCKSKIN LN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: FRANK, HARVEY,
Address: 1 JOHN ANDERSON DR, UNIT PH-1
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FRANK, LINDA
Address: 1 JOHN ANDERSON DR, UNIT PH-1
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY FRANK

CD

02/17/2004

Electronic Signature of Signing Officer or Director

Date

ROGERS, MONIQUE
757 S. NOVA RD
ORMOND BEACH, FL 32174

BENDIX, NIKKI
757 S. NOVA RD
ORMOND BEACH, FL 32174