2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 373903** 1. Entity Name 04-05-2004 90020 035 ***150.00 14TH STREET FOODWAY, INC. Principal Place of Business Mailing Address 2004 14 ST WEST BRADENTON FL 34205 2004 14 ST WEST **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address 2923 MANATEE AVE WEST AVE W 2923 MANATER Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1308986 BRADEMON) BRADEMON Not Applicable Zip3 4205 Country Country \$8.75 Additional 5. Certificate of Status Desired MANATEE MANATER 4205 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANALAND, ARNOLD R. Street Address (P.O. Box Number is Not Acceptable) 2923 MANATEE AVE. W. **BRADENTON FL 34205** City 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 EVIN STANALAND 3-30-04 (NOTE: Registered Agent signature required when reinstating) ignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete STANALAND, ARNOLD R. NAME NAME STREET ADDRESS 2923 MANATEE AVE. W. STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITL F TITLE STANALAN'D NAME STRANALAND, KEVIN L. NAME STREET ADDRESS **14711 7TH AVE EAST** STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY.-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ___ 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.

KEVIN STANALAND

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED