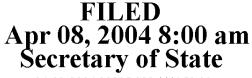
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # 606844** 1. Entity Name KENTUCKY FRIED CHICKEN OF BELLE GLADE. INC.



04-08-2004 90005 023 ***150.00



		, , , , , , , ,			
Principal Place of Business		Mailing Address		7	
1403 W AVE A BELLE GLADE FL 33430		1403 W AVE A BELLE GLADE FL 3343	0		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 59-1965616 Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent	
	and the second second	.	Name		-
HOOKS, RUDOLPH SR 1403 W AVE A			Street Address	(P.O. Box Number is Not Acceptable)	
	0 W. CANAL ST. S. LE GLADE FL 33430	•			
	.cc		City	FL Zip Code	
		for the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac	ccept
the obligat	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered age	at and title if personals (NOTE)	Registered Agent signature require	ed when reinstating) DATE	_ أ
	entra de la companie	ing and line in approache. (NOTE.	negistered Agent signature require	at wiet renstating)	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ A	Addition
NAME STREET ADDRESS	HOOKS, RUDOLPH SR 1500W CANAL ST S		NAME STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		CITY-ST-ZIP		
MILE	VD	☐ Delete	TITLE	· Change	Addition
NAME	BARTON, LISA A		NAME		
STREET ADDRESS CITY-ST-ZIP	533 1/2 S.E. AVENUE E. BELLE GLADE FL		STREET ADDRESS CITY-ST-ZIP		
TITLE	STD	□ Delete	TITLE	☐ Change ☐ A	Addition
NAME _	BARTON, LISA-A	— Detete	- NAME	Conjungs of the second of the	-
STREET ADDRESS	.,		STREET ADDRESS	·	Ì
CITY-ST-ZIP	BELLE GLADE FL		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ A	Addition
STREET ADORESS	·		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change A	Addition
NAME STREET ADDRESS			NAME Street address	•	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ A	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		

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.

		10.
SIGN	ATURE	Lica