


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 669085 1. Entity Name DELOACH'S MEAT MART NO. 1, INC.	
---	---

Principal Place of Business 901 MERCY DRIVE C/O DANIEL H. DELOACH ORLANDO, FL 32808	Mailing Address 901 MERCY DRIVE C/O DANIEL H. DELOACH ORLANDO, FL 32808
--	--



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1967374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELOACH, DANIEL H. 901 MERCY DRIVE ORLANDO, FL 32808

**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.

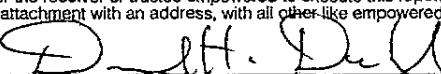
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000064815 02/25/04-80010-023 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELOACH, DANIEL H 901 MERCY DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DELOACH, SUSAN W 901 MERCY DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ERGLE, HOYT L. 218 E. NEWELL STREET WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DESALVO, RAYMOND J 1094 RED DANDEE DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LIDDON, JOE C. 3330 CAMBAY AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:  **Feb 17 2004** / 407-299-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #