


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90207 024 \*\*\*150.00

<b>DOCUMENT # F14898</b>	
1. Entity Name <b>BOB &amp; TOD'S MARKET, INC.</b>	

Principal Place of Business <b>% CLARA ADDISON 2911 OKEECHOBEE ROAD FT. PIERCE, FL 34947-1614</b>	Mailing Address <b>% CLARA ADDISON 2911 OKEECHOBEE ROAD FT. PIERCE, FL 34947-1614</b>
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1400J061

2. Principal Place of Business <b>1904 ZEPHYR AVE.</b>	3. Mailing Address <b>1904 ZEPHYR AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State <b>FORT PIERCE, FL.</b>	City & State <b>FORT PIERCE, FL.</b>
Zip <b>34982</b>	Country <b>U.S.A.</b>
Zip <b>34982</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-2048936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ADDISON, CLARA 2911 OKEECHOBEE ROAD FORT PIERCE, FL 34947</b>
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7. Name and Address of New Registered Agent	
Name <b>MICHAEL T. ADDISON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1904 ZEPHYR AVE.</b>	
City <b>FORT PIERCE</b>	FL Zip Code <b>34982</b>

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 Michael T. Addison DATE 4-25-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, CLARA 2405 ROYAL PALM DRIVE FT PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOBLE, SYLVIA A 2500 LAZY HAMMOCK LN FT PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADDISON, MICHAEL 1904 ZEPHYR AVE FT. PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael T. Addison 04-25-04 772-464-9271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #