


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F47415</b>	
1. Entity Name <b>THE EATERY- SOUP TO NUTS, INC.</b>	

Principal Place of Business <b>% TED E MOORE 381 E BURLEIGH BLVD TAVAVES, FL 32778</b>	Mailing Address <b>TED MOORE 3684 CACTUS LANE MOUNT DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2119167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, TED E  
3684 CACTUS LANE  
MT DORA, FL 32757**

**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: *Ted E Moore* \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOORE, CARLTON R 3684 CACTUS LANE MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, PHYLLIS J 3684 CACTUS LANE MT DOVA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TED E. 3684 CACTUS LANE MT DOVA, FL 32757
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/22/04-80036-006 150.00

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: *Ted E Moore* Ted E Moore 3-17-04 353-735-5452  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #