

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F80475

1. Entity Name
LUPTON'S FAT MAN'S CATERING, INC.



Principal Place of Business
**5299 E. BUSCH BLVD.
TEMPLE TERRACE, FL 33617**

Mailing Address
**P.O. BOX 16768
TEMPLE TERR, FL 33687-3768**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2208283

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUPTON, RALPH J, JR
5299 BUSCH BLVD
TEMPLE TERR, FL 33617**

**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 ☐ **\$5.00** May Be Added to Fees

U00000136715
04/28/04-80099-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LUPTON, NANCY A 5299 BUSCH BLVD TEMPLE TERR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LUPTON, RALPH J, JR 5299 BUSCH BLVD TEMPLE TERR, FL
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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: Nancy A Lupton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 (813) 985-6963 X203

Date Daytime Phone #