


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002183	
1. Entity Name HOWDEN FOOD EQUIPMENT, INC.	

Principal Place of Business 4401 FORTUNE PLACE MELBOURNE, FL 32904 US	Mailing Address 4401 FORTUNE PLACE MELBOURNE, FL 32904 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2880964	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
7. 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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFRANCISCI, LEONARD 4401 FORTUNE PLACE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUDASH, STEVEN A 4401 FORTUNE PLACE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARREN, GILBERT 4401 FORTUNE PLACE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

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07/13/04-80007-017 150.00

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: Steven A. Dudash 7-02-04 (321) 952-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #