2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2004 8:00 am Secretary of State **DOCUMENT # F93000004764** 03-26-2004 90007 015 ***150 00 HOOVER FOODS, INC. Principal Place of Business Mailing Address 54022468 4030 JOHNS CREEK PARKWAY **4030 JOHNS CREEK PARKWAY** SUWANEE, GA 30024 US SUWANEE, GA 30024 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1698517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITE HOOVER, DUANE L NAME 4030 JOHNS CREEK PARKWAY STREET ADDRESS SUWANEE, GA 30024 CITY-ST-ZIP TITLE HOOVER, DUANE L JR. 4030 JOHNS CREEK PARKWAY STREET ADDRESS SUWANEE, GA 30024 CITY-ST-7IP BENNETT, PATRICIA H NAME 4030 JOHNS CREEK PARKWAY STREET ADDRESS DO NOT WRITE SUWANEE, GA 30024 CITY-ST-ZIP IN THIS SPACE HOOVER, CARL HAYES NAME STREET ADDRESS 4030 JOHNS CREEK PARKWAY SUWANEE, GA 30024 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED