## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # F94962 1. Entity Name 05-03-2004 91013 028 \*\*\*150.00 BY-PASS MINI-MART AND WAREHOUSES, INC. Principal Place of Business Mailing Address 4284 HWY, 90 4284 HWY. 90 PACE, FL 32571 US PACE, FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2296347 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARVER, S. ELLEN Street Address (P.O. Box Number is Not Acceptable) 4284 HWY. 90 PACE, FL 32571 City FI 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition NAME CARVER, RALPH S NAME 4284 HWY. 90 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PACE, FL 32571 TITLE ☐ Delete TITLE ☐ Change Addition CARVER, S. ELLEN NAME NAME STREET ADDRESS 4284 HWY. 90 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE, FL 32571 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

S. Eller CARURE 4-79-04

**FILED**