2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000530

Entity Name: FOOD CART SYSTEMS, INC.

FILED Aug 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11 SAM MARCO ST, #302 11 SAN MARCO ST, #302

CLEARWATER BEACH, FL 33767 CLEARWATER BEÁCH, FL 33767

Current Mailing Address: New Mailing Address:

11 SAM MARCO ST, #302 11 SAN MARCO ST, #302

CLEARWATER BEACH, FL 33767 CLEARWATER BEACH, FL 33767

FEI Number: 75-2723399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GIBSON, PAUL F GIBSON, PAUL F

11 SAM MARCO ST. #302 11 SAN MARCO ST. #302

CLEARWATER BEACH, FL 33767 CLEARWATER BEÁCH, FL 33767 US US

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.

SIGNATURE: PAUL F. GIBSON 08/19/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO (X) Change () Addition

GIBSON, PAUL F Name: Name: GIBSON, PAUL F 11 SAM MARCO ST, #302 11 SAN MARCO ST, #302 Address: Address: City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: CLEARWATER, FL 33757

MBOD Title: MBOD Title: () Delete (X) Change () Addition Name: POLEWASKI, XIOMARA E Name: POLEWASKI, XIOMARA E

7614 CANON ROAD 7614 CARON ROAD Address: Address: TAMPA, FL 33615 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

Title: Title: MBOD (X) Delete () Change () Addition

FLECK, JOHN D Name: Name: 1482 PINE BROOK DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL F. GIBSON **PRES** 08/19/2004