


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H54026 1. Entity Name MCNITT FOOD MART, INC.	
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Principal Place of Business 3321 44TH AVE. WEST BRADENTON, FL 34207	Mailing Address 3321 44TH AVE. WEST BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2520155	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

**MCNITT, BUDDY
5755 FORESTER OAK CT.
SARASOTA, FL 34243**

**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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNITT, BUDDY G. 5755 FORESTER OAK CT. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNITT, JOHN M. 160 ST. LUCIE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNITT, CAROL 5755 FORESTER OAK CT. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCNITT, MARY 160 ST. LUCIE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Carol McNitt* **4-19-04** **758-2271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #