

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57450

FILED
Jan 27, 2004
Secretary of State

Entity Name: TRY-FOODS INTERNATIONAL, INC.

Current Principal Place of Business:

207 SEMORAN COMM. PLACE
APOKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

207 SEMORAN COMM. PLACE
APOKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2796639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZELLE, JR., HARRY W
8052 LAUREL RIDGE DRIVE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BURRELL, DONNA
Address: 1785 GERTRUDE PLACE
City-St-Zip: MOUNT DORA, FL 32757

Title: DT () Delete
Name: MARINO, PATRICIA
Address: 207 SEMORAN COMMERCE PL
City-St-Zip: APOKA, FL 32703

Title: DS () Delete
Name: ROZELLE, PATRICIA
Address: 207 SEMORAN COMMERCE PL
City-St-Zip: APOKA, FL 32703

Title: PD () Delete
Name: ROZELLE, JR., HARRY W
Address: 207 SEMORAN COMMERCE PL
City-St-Zip: APOKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: BRACH, ROBERT W
Address: 207 SEMORAN COMMERCE PL
City-St-Zip: APOKA, FL 32703

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: ROBERT W BRACH

PD

01/27/2004

Electronic Signature of Signing Officer or Director

Date