2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M72474

HONEY'S EATS & DRINKS, INC.



01062004

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

CR2E034 (10/03)

Applied For

Principal Place of Business

SIGNATURE:

4564 S SEMORAN BLVD ORLANDO, FL 32822 US Mailing Address

4562 S. SEMORAN BLVD. ORLANDO, FL 32822



No Chg-P

DO NOT WRITE IN THIS SPA			JE	59-2909862 Not Applie		
				5. Certificate	of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent				
KHOSHNOU, FRED 403 SMOKERISE BLVD LONGWOOD, FL 32779			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the particles of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP KHOSHNOU, FRED 403 SMOKERISE BLVD LONGWOOD, FL	-				'S095
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/113 /04 -8 0	044-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY- ST-ZIP						
TITLE NAME STREET ADDRESS						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR