

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004757

Entity Name: FILL A BOWL, INC.

FILED
May 05, 2004
Secretary of State

Current Principal Place of Business:

802 OAK BRIAR LANE
OSPREY, FL 34219

New Principal Place of Business:

Current Mailing Address:

802 OAK BRIAR LANE
OSPREY, FL 34219

New Mailing Address:

FEI Number: 65-1037817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFY, JOSEPHINE
802 OAK BRIAR LANE
OSPREY, FL 34229 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUFFY, JOSPEHINE
Address: 8610 29 STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: MORRIS, STEVEN
Address: 8745 28 ST CIR EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: BROYLES, HARRIETT
Address: 7312 ELEANOR CIR ST
City-St-Zip: SARASOTA, FL 34223

Title: D () Delete
Name: BRADSHAW, CALLIE
Address: 102 8 ST EAST APT 105
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUFFY, JOSPEHINE
Address: 802 OAK BRIAR LANE
City-St-Zip: OSPREY, FL 34229

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

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

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE P. DUFFY

PRES

05/05/2004

Electronic Signature of Signing Officer or Director

Date