


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000011779</b>	
1. Entity Name <b>LOAVES AND FISHES INTERNATIONAL, INC.</b>	

Principal Place of Business <b>375 N MCALL ROAD ENGLEWOOD FL 34223</b>	Mailing Address <b>375 N MCALL ROAD ENGLEWOOD FL 34223</b>
-------------------------------------------------------------------------------	-------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number <b>30-0287759</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VANT HUL, MICHAEL 375 N MCALL ROAD ENGLEWOOD FL 34223</b>	
-----------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 is required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>VANT HUL, MICHAEL 375 N MCALL RD ENGLEWOOD FL 34223</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>VANT HUL, DEENA 375 N MCALL ROAD ENGLEWOOD FL 34223</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST <input type="checkbox"/> Delete <b>GALVIN, NANCY 375 N MCALL ROAD ENGLEWOOD FL 34223</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BOCK, PAT 3210 LOTUS RD NORTH PORT FL 34286</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BOCK, VALORA 3210 LOTUS RD NORTH PORT FL 34286</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>LUFF, KENNY 9001 FALCON CT VENICE FL 34293</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000868843 04/09/08-80025-019 61.25</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:** *Nancy Galvin* **Nancy Galvin** **3/20/08** **941-475-4024**