2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N19260

Entity Name: LOAVES & FISHES, INC.

Current Principal Place of Business:

C/O MELANIE MILLS
206 E 8 STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

C/O MELANIE MILLS
206 E 8 STREET
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2792540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, MELANIE
206 E 8 STREET
APOPKA, FL 32703 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:	MD	( ) Delete
Name:	MILLS, MELANIE	
Address:	1761 QUEEN PALM DR	
City-St-Zip:	APOPKA, FL 32712	
Title:	AD	( ) Delete
Name:	VALIENTE, KAREN	
Address:	13106 LAKEWIND DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	P	( ) Delete
Name:	FILMORE, FREDDIE SR	
Address:	1348 OLD APOPKA RD.	
City-St-Zip:	APOPKA, FL 32703	
Title:	T	( ) Delete
Name:	JIM FISCHER	
Address:	2470 ISLAND DR.	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	S	( ) Delete
Name:	MARTHA TOLAR	
Address:	1030 SWEETWATER CLUB DR	
City-St-Zip:	APOPKA, FL 32712	
Title:	VP	( ) Delete
Name:	USTLER, NORMAN	
Address:	234 W. MAGNOLIA ST.	
City-St-Zip:	APOPKA, FL 32703	

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:	( ) 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 exemption stated in Chapter 119, 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: MELANIE MILLS MD 04/08/2009
Electronic Signature of Signing Officer or Director — Date