

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19260

FILED
Mar 12, 2010
Secretary of State

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
Name: MILLS, MELANIE
Address: 1761 QUEEN PALM DR
City-St-Zip: APOPKA, FL 32712

Title: AD
Name: VALIENTE, KAREN
Address: 13106 LAKEWIND DR
City-St-Zip: CLERMONT, FL 34711

Title: P
Name: FILMORE, FREDDIE SR
Address: 1348 OLD APOPKA RD.
City-St-Zip: APOPKA, FL 32703

Title: T
Name: JIM FISCHER
Address: 2470 ISLAND DR.
City-St-Zip: LONGWOOD, FL 32779

Title: S
Name: MARTHA TOLAR
Address: 1030 SWEETWATER CLUB DR
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: USTLER, NORMAN
Address: 234 W. MAGNOLIA ST.
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: MELANIE MILLS

MD

03/12/2010

Electronic Signature of Signing Officer or Director

Date