

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90007 040 \*\*\*150.00

00100000



MOORE CR2E034 (11/03)

<b>DOCUMENT # P00000088923</b>					
1. Entity Name <b>D.K.E. GROCER INC.</b>					
Principal Place of Business <b>3011 15 ST E BRADENTON FL 34208</b>			Mailing Address <b>3011 15 ST E BRADENTON FL 34208</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1044558</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRISHMAN, DAVID</b> <b>12134 WINDING WOODS WAY 3011 15<sup>TH</sup> STE.</b> <b>BRADENTON FL 34202</b> <i>BRADENTON, FL 34202</i>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete <input type="checkbox"/>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRISHMAN, DAVID</b>			NAME	<b>7534 CAMDEN HARBOR DR BRADENTON, FL 34212</b>
STREET ADDRESS	<b>12134 WINDING WOODS WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>			CITY-ST-ZIP	
TITLE	S	Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRISHMAN, KERRY</b>			NAME	
STREET ADDRESS	<b>12134 WINDING WOODS WAY</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>4/1/04</b> Daytime Phone #	