

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000025686

1. Entity Name
MAMA M'S KITCHEN, INC.



Principal Place of Business
**3824 MURRELL RD.
ROCKLEDGE, FL 32955**

Mailing Address
**3824 MURRELL RD.
ROCKLEDGE, FL 32955**

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-5739584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, SHIRLEY
4873 VERONA CIR.
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTHEWS, SHIRLEY A
STREET ADDRESS	3824 MURRELL RD.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VP
NAME	MATTHEWS, MICHAEL G
STREET ADDRESS	5133 COACHLIGHT DRIVE
CITY-ST-ZIP	FENTON, MI 48430
TITLE	S
NAME	TAYLOR, ANNETTE L
STREET ADDRESS	3824 MURRELL RD.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000170838
08/25/04-80002-009 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Shirley A. Matthews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY A. Matthews

8/20/04 **321-433-2388**
Date Daytime Phone #