

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90002 028 \*\*\*150.00

**DOCUMENT # P02000047966**

1. Entity Name

**MENUS PLUS, INC.**



Principal Place of Business

**193 SINGAPORE ISLAND RD  
LEESBURG FL 34788**

Mailing Address

**193 SINGAPORE ISLAND RD  
LEESBURG FL 34788**

**54070973**



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**02-0591822**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLINE, VAN W  
193 SINGAPORE ISLAND RD  
LEESBURG FL 34788**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **KLINE, VAN W**  
STREET ADDRESS **193 SINGAPORE ISLAND RD**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Donnie M. Kugler*  
**Donnie M. Kugler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/04**  
Date

**352-552-4976**  
Daytime Phone #

Attachment

#P02000047966  
54070973

MENUS PLUS  
P.O. BOX 350561  
GRAND ISLAND, FL 32735-0561  
(866) 238-2533

August 27, 2004

Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, FL 32314

To Whom It May Concern:

We did not receive a notice in the spring requesting the annual report. Our CPA neglected to inform us of the due date of this report and where to obtain a copy if we did not receive the notice. I have never worked with any corporation before in Florida before to know that this report was due. I know now that this report is due in May each year and that \$150.00 fee is also required as long as this corporation is in effect.

Thank you for your cooperation.

Sincerely yours,



Bonnie M. Kugler  
Bookkeeper