

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90400 024 ***150.00

DOCUMENT # P02000130268

1. Entity Name

FULL CIRCLE FOODS, INC.



Principal Place of Business

10487 BLYTHVILLE
SPRING HILL FL 34609

Mailing Address

10487 BLYTHVILLE
SPRING HILL FL 34609

2. Principal Place of Business

3227 Greynolds Ave
Suite, Apt. #, etc.

3. Mailing Address

3227 Greynolds Ave
Suite, Apt. #, etc.

City & State

Spring Hill FL
Zip 34608 Country

City & State

Spring Hill FL
Zip 34608 Country

4. FEI Number

41-2070744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JEFF
10487 BLYTHVILLE
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name Hope Phillips
Street Address (P.O. Box Number is Not Acceptable)
3227 Greynolds Ave.
City Spring Hill FL Zip Code 34608

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 Hope Phillips

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

(NOTE: Registered Agent signature required when reinstating)

04/15/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PHILLIPS, JEFF
STREET ADDRESS 10487 BLYTHVILLE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VSD ☐ Delete
NAME PHILLIPS, HOPE
STREET ADDRESS 10487 BLYTHVILLE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☒ Change ☐ Addition
NAME Phillips Jeff
STREET ADDRESS 2016 Arbuckle Rd
CITY-ST-ZIP Spring Hill FL 34608

TITLE PSD ☒ Change ☐ Addition
NAME Phillips, Hope
STREET ADDRESS 3227 Greynolds Ave
CITY-ST-ZIP Spring Hill FL 34608

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Hope Phillips Hope Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04 (352) 585-6901
Date Daytime Phone #