

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90309 008 \*\*\*158.75

**DOCUMENT # P03000031685**

1. Entity Name  
**GREEN COVE FOODS, INC.**



Principal Place of Business      Mailing Address  
 1840 COLONIAL DRIVE      1840 COLONIAL DRIVE  
 GREEN COVE SPRINGS, FL 32043      GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business      3. Mailing Address  
**3540 HIGHWAY 17 SOUTH**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**GREEN COVE SPRGS, FL**  
 Zip      Country  
**32043**      **U.S.**



01062004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**56-2329412**      Not Applicable

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

8. Name and Address of Current Registered Agent

**PETRAGLIA, DAVID**  
**1840 COLONIAL DRIVE**  
**GREEN COVE SPRINGS, FL 32043**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PETRAGLIA, DAVID 1840 COLONIAL DRIVE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PETRAGLIA, KARLA 1840 COLONIAL DRIVE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David Petraglia      **DAVID PETRAGLIA**      4/26/04      904-284-7772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #