## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

YPED OR PRINTED NAME OF SIG

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000038425 1. Entity Name 04-29-2004 90334 028 \*\*\*150.00 FISHES AND LOAVES, INC." Principal Place of Business Mailing Address 2518 11TH AVENUE EAST BRADENTON FL 34208 2518 11TH AVENUE EAST **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 55-0824370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE, RICHARD V Street Address (P.O. Box Number is Not Acceptable) SUNTRUST CENTER 1001 THIRD AVENU WEST SUITE 350 **BRADENTON FL 34205** City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ● OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -☐ Delete TITLE ☐ Change ☐ Addition FOSTER, ROZEL A SR. NAME NAME 2518 11TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTÓN FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition FOSTER, BRENDA J NAME NAME 2518 11TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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.

**FILED**