


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90500 014 \*\*\*150.00

<b>DOCUMENT # P03000057165</b> 1. Entity Name <b>FOOD-FAV-RITZ, INC.</b>					
Principal Place of Business <b>1198 ALBURY AVE SPRING HILL, FL 34606</b>			Mailing Address <b>1198 ALBURY AVE SPRING HILL, FL 34606</b>		
2. Principal Place of Business <b>12578 SPRING HILL DRIVE</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>SPRING HILL, FL</b>			City & State		
Zip <b>34609</b>			Zip		
Country			Country		
4. FEI Number <b>03-0519229</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>MAGGIORE, CAROLE 1198 ALBURY AVE SPRING HILL, FL 34606</b>			7. Name and Address of New Registered Agent Name <b>MAGGIORE, CAROLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>12578 SPRING HILL DRIVE</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34609</b>		
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 <u>X <i>Carole Maggiore</i></u> DATE <u>X 4-20-04</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T MAGGIORE, CAROLE 1198 ALBURY AVENUE SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" 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: <u>X <i>Carole Maggiore</i></u> <b>CAROLE MAGGIORE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>X 4-20-04</u> <small>Date Daytime Phone #</small>		