


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90025 006 \*\*\*150.00

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<b>DOCUMENT # P03000067408</b>		
1. Entity Name <b>BAY &amp; DONNA FOODS, INC.</b>		

Principal Place of Business <b>1912 SUNCHASE CT JACKSONVILLE FL 32246</b>	Mailing Address <b>1912 SUNCHASE CT JACKSONVILLE FL 32246</b>
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2. Principal Place of Business <i>Hot Dog Hut</i>	3. Mailing Address <i>10 Danner Rd.</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Atlantic Beach, FL</i>	City & State
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Zip <i>32233</i>	Country <i>USA</i>	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>DEMARCO, ARNOLD</b> <b>1912 SUNCHASE CT</b> <b>JACKSONVILLE FL 32246</b>	
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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARCO, ARNOLD 1912 SUNCHASE CT JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Arnold De Marco* *April 19, 04 (904) 247-8886*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone