## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000076871

COX, MATTHEW C

21 PINE RIDGE ROAD

SANDIA PARK, NM 87047

Name:

Address:

City-St-Zip:

Entity Name: MEGAN'S PANTRY OF FLORIDA, INC

FILED Apr 30, 2004 Secretary of State

Littly Na	me. WEGAN	3 FANTRI OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2801 SNYDER ROAD SEBRING, FL 33870			2828 US HWY 27 N SEBRING, FL 33870		
Current Mailing Address:			New Mailing Address:		
	DER ROAD , FL 33870		P. O. BOX 1257 SEBRING, FL 33871	US	
FEI Number	: 05-0573042	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	SUSAN DER ROAD , FL 33870				
	e named entity e of Florida.	submits this statement for the լ	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( HAYNES, SUS, 2801 SNYDER SEBRING, FL	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FITCH, DONNA 839 GARLAND SEBRING, FL	AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BARHITE, SUE 1330 5TH AVE SEBRING, FL	NUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN HAYNES D 04/30/2004