

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000082311

1. Entity Name

FOUR LEGGED GOURMET, INC.



**FILED
Feb 11, 2004 8:00 am
Secretary of State**

02-11-2004 90011 037 ***150.00

Principal Place of Business

2848 NE 17TH AVENUE
WILTON MANORS FL 33334-4331

Mailing Address

2848 NE 17TH AVENUE
WILTON MANORS FL 33334-4331

2. Principal Place of Business

2413 NE 11th ave

3. Mailing Address

2848 NE 17th ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors FL

City & State

Wilton Manors FL

Zip

33305

Country

US

Zip

33334

Country

US

4. FEI Number

86-107-4639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOEMAKER, RICHARD L CPA
612 NE 26TH STREET
WILTON MANORS FL 33305-4331

7. Name and Address of New Registered Agent

Name

MARK SPRADA

Street Address (P.O. Box Number is Not Acceptable)

2848 NE 17th ave

City

Wilton Manors

FL

Zip Code
33334

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 Mark Sprada MARK SPRADA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Jan 31st 04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D SPRADA, MARK D 2848 NE 17TH AVENUE WILTON MANORS FL 33334-4331	<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: Mark Sprada MARK SPRADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30th 04 954-561-3796
Date Daytime Phone #