2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am DOCUMENT # P03000088094 **Secretary of State** 1. Entity Name 02-09-2004 90064 022 ***150.00 A TASTE OF PHILLY, INC. Principal Place of Business Mailing Address 6513 14 TH STREET WEST 6513 14 TH STREET WEST SUITE 133 SUITE 133 **BRADENTON FL 34207 BRADENTON FL 34207** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Mana 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOSEE, KELLY Street Address (P.O. Box Number is No 6513 14TH STREET WEST **SUITE 133 BRADENTON FL 34207** 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, typed or brinted name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE P.T ☐ Delete TITLE TREGSURER LOSEE, KELLY NAME NAME KEILY LOSEE 513 144 St. W.St 133 Sugdenton, FL 34207 STREET ADDRESS STREET ADDRESS 6513 14TH STREET WEST **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE FRANK W. LOSEE NAME 51314 th St. W. 5t 133 STREET ADDRESS STREET ADDRESS Radenton, FL 34207 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete ☐ Change TITLE Cari Piepiora NAME NAME MA SI.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME 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.

NTED NAME OF SIGNING OF

FILED