

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90052 029 ***150.00

DOCUMENT # P04000131236

1. Entity Name
MNB FOODS, INC.



Principal Place of Business Mailing Address
1110 MASON AVENUE 1110 MASON AVENUE
DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117

50006122

2. Principal Place of Business 3. Mailing Address
4215 C.R.D 561 4215 C.R.D 561
Suite, Apt. #, etc. Suite, Apt. #, etc.



01082005 Chg-P CR2E034 (10/03)

City & State City & State
TAVANES FLA TAVANES FLA
Zip Country Zip Country
32778 LAKE 32778 LAKE

4. FEI Number Applied For
201658958 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LANGFORD, E C
1715 WEST CLEVELAND STREET
TAMPA, FL 33606

7. Name and Address of New Registered Agent
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)

- FILE NOW!!! FEE IS \$150.00 -
After May 1, 2005 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLAVES, NICK		NAME		
STREET ADDRESS	1110 MASON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, MACK		NAME		
STREET ADDRESS	1110 MASON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, BRANT		NAME		
STREET ADDRESS	1110 MASON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONFER, BILL		NAME		
STREET ADDRESS	1110 MASON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

SIGNATURE: Nick Holav 1/11/05 352-7428010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #