


# 2604 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CompSER  
#19749/  
7/25/04  
04 MAY -4 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047167			
1. Entity Name NONNI'S FOOD COMPANY, INC.			
Principal Place of Business 601 S BOULDER SUITE 900 TULSA OK 74136		Mailing Address 601 S BOULDER SUITE 900 TULSA OK 74136	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3191316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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, 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	CEO BRUER, TIM 601 S BOULDER SUITE 900 TULSA OK 74136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & PRESIDENT TIM HARRIS 601 S. BOULDER SUITE 900 TULSA, OK 74136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRYWCZYNSKI, JAN 601 S BOULDER SUITE 900 TULSA OK 74136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BILL KENEALY 601 S. BOULDER SUITE 900 TULSA, OK 74136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600035419626 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: W. J. Kenealy / WILLIAM J. KENEALY / 4-28-04 / 560-4294 / 918-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

202

ACCOUNT NO. : 072100000032

REFERENCE : 612666 7184756

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : May 4, 2004

ORDER TIME : 10:40 AM

ORDER NO. : 612666-005

CUSTOMER NO: 7184756

CUSTOMER: William J. Kenealy  
Nonni's Food Company  
Suite 900  
601 South Boulder  
Tulsa, OK 74119

ANNUAL REPORT FILING

NAME: NONNI'S FOOD COMPANY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 MAY -4 PM 1:13  
DIVISION OF CORPORATION