



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000013966</b>			
1. Entity Name <b>CULINARY SERVICES, INC.</b>			
Principal Place of Business <b>878 109TH AVE N STE 1 NAPLES, FL 34108 US</b>		Mailing Address <b>878 109TH AVE N STE 1 NAPLES, FL 34108 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0470705</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAERBER, NELSON A JR 2335 NORTH TAMiami TRAIL SUITE 505 NAPLES, FL 33940</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U000000151517 05/04/04-80049-013 150.00</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	NEUMANN, ALEXANDER		
STREET ADDRESS	878 109TH AVE N STE 1		
CITY - ST - ZIP	NAPLES, FL 34108		
TITLE	VPS		
NAME	NEUMANN, MARGARET		
STREET ADDRESS	878 109TH AVE N STE 1		
CITY - ST - ZIP	NAPLES, FL 34108		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: <i>Alexander Neumann</i>		<i>04/30/04 239-825-5472</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	