2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000064598 1. Entity Name								Feb 04, 2004 08:00 AM Secretary of State						
MONTEGO BAY FOOD & SPIRITS, INC.							9		~~~	,	0_ ~			
Principal Plac	e of Business	Mailing	Mailing Address											
30067 OVERSEAS HWY				PO BOX 430616										
HWY 1 BIG PINE KEY FL 33043 US			BIG P US	BIG PINE KEY FL 33043-0616 US				1100	 			M1888 (M188 6M1	· · · - · · · · · · · · · · · · · ·	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suste, Apt #, etc.				MOORE CR2E034 (11/03)						
City & State				City & State				4. FEI Numb	65-0518	3525			plied For t Applicable	
Zıp			Zip			try		5. Certificate of Status Desired			Required			
	6. Name an	d Address of Current		7. Name and	d Address of N	ew Regis	tered Age	nt	· · · · · · · · · · · · · · · · · · ·					
WHITTAKER, EDWIN A														
920 CARIBBÉAN DR E SUMMERLAND KEY FL 33042						Street Addr	ress (P.	O. Box Numb	er is Not Accep	otable)				
					City		Zip Code					<u> </u>		
B. The above the obligat	named entity si tions of registers	ubmits this statement for agent.	or the purp	ose of changing its	egisteri	ed office or re	gistered	d agent, or bo	oth, in the State	of Florida	I am fami	liar with,	and accept	
SIGNATURE	SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when refersions) DATE 7													
Afte	r May 1, 2004	FEE IS \$150.00 Fee will be \$550.00 lorida Department o						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Faes						
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIÓNS	/CHANGES TO	OFFICER	S AND DIS	RECTORS	IN 11 .	
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2. I hereby certify that the information supplied with this filling 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:

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPD

2/3/04

305-745-2960

FILED