


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000028539</b>	
1. Entity Name <b>MOMART, INC.</b>	

Principal Place of Business <b>ROUTE 5 FALLING WATERS ROAD CHIPLEY, FL 32428</b>	Mailing Address <b>P O BOX 702 CHIPLEY, FL 32428</b>
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3323312</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

**KNAPP, STEPHEN M  
5417 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

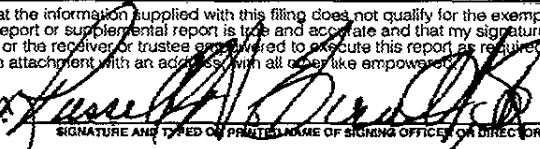
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000094851 03/24/04-800008-025 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>RAPINCHUK, JOHN</b>
NAME	
STREET ADDRESS	<b>1448 PINE ST # 209</b>
CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94109</b>
TITLE <b>D</b>	<b>EVERETT, RUSSELL ALBERT</b>
NAME	
STREET ADDRESS	<b>520 N. 6TH STREET</b>
CITY-ST-ZIP	<b>CHIPLEY, FL 32328</b>
TITLE <b>VP</b>	<b>KNAPP, JOHN J</b>
NAME	
STREET ADDRESS	<b>5909 OLD SCOTT LAKE ROAD</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>
TITLE <b>ST</b>	<b>EVERETT, RUSSELL A</b>
NAME	
STREET ADDRESS	<b>PO BOX 693 1262 THARP RD</b>
CITY-ST-ZIP	<b>CHIPLEY, FL 32428</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers.

**SIGNATURE**  **3/19/04 (850) 638-3070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #