## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000008113

Entity Name: ABBY'S HEALTH FOOD, INC

FILED Apr 14, 2004 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
143711 N DALE MABRY HWY TAMPA, FL 33618			14374 NORTH DALE TAMPA, FL 33618	14374 NORTH DALE MABRY HWY TAMPA, FL 33618	
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
143711 N DALE MABRY HWY TAMPA, FL 33618			14374 N DALE MAI TAMPA, FL 33618	14374 N DALE MABRY HWY TAMPA, FL 33618	
FEI Number:	: 59-3423290	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAMPA, F The above	INCOLN AVE L 33618 Us named entity		purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida. 				
SIGNATU		-i- 0i		D-1-	
Election Car		nic Signature of Registered Agg g Trust Fund Contribution().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( LEVI, DAVE 13313 N LINCO TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAYLER, ABB	SS COVE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE LEVI D 04/14/2004