2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

DOCUMENT # P97000039814 1. Entity Name FAYE'S MARKET, INC.					03	3-25-2004 900:	32 019 ***1	50.00	
Principal Place 1996 N FLOR HERNANDO, I	IDA AVENUE	Maiting Address P.O. BOX 1869 INVERNESS, FL 3445	1			• • • • • •			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03092004	Chg-P	CR2E034 ((10/03)	
City & State		City & State			4. FEI Number 59-3444				lied Fo Applicable
Zip	Country	Zip	Country			f Status Desired	Fee	. 75 Addi Required	
	6. Name and Address of Curre	ent Registered Agent		Nama	7. Name and A	Address of New R	egistered Age	<u>at</u>	
ANGSTEN, ROGER 4318 S FLORIDA AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)					
LOT 1 INVERNESS, FL 34450							a	-	
ر	`			City			FL	Zip Code	
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	s register	red office or regist	ered agent, or both	, in the State of Flo		iliar with, a	ind acc
SIGNATURE_	Signature, typed or printed name of registered a	oper and title of populars No.	TC: Opoistare	ed Agent signature requir	and when revocations		DATE		
•	Odusenie Wheo of burren results of tellisteten a	gent and fine it applicable. (NO	IC: Helpstere	an Agent agrange rador	o mien remaining)			- '	
FILI After Ma	E NOW!!! FEE IS \$150.00 By 1, 2004 Fee will be \$55	9. Election Campa 50.00 Trust Fund Cor	-	· ·	5.00 May Be ded to Fees				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTORS	151 44
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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 informatio 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 eath; that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: