

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084176

1. Entity Name
FIESTA FOODS, INC.



Principal Place of Business

**3754 RAJAH COURT
GULF BREEZE, FL 32561**

Mailing Address

**3754 RAJAH COURT
GULF BREEZE, FL 32561**



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3471102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUMMINGS, THOMAS E
3754 RAJAH COURT
GULF BREEZE, FL 32561**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUMMINGS, THOMAS E
STREET ADDRESS	3754 RAJAH COURT
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	CUMMINGS, DIANE M
STREET ADDRESS	3754 RAJAH COURT
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80041-017 150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Cummings **Thomas E. Cummings** 3/24/04 (850) 934-2360