

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000002370

1. Entity Name
ENGEDI SPECIALTIES, INC.



Principal Place of Business
8547 SW US HWY 27
FORT WHITE, FL 32038

Mailing Address
8547 SW US HWY 27
FORT WHITE, FL 32038

**FILED
Mar 16, 2004 8:00 am
Secretary of State**

03-16-2004 90033 046 ***150.00

J4U00000



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3486089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

-DO NOT WRITE IN THIS SPACE-

6. Name and Address of Current Registered Agent

Holmberg
HOLMBERGE, JUDEE
8547 SW US HWY 27
FORT WHITE, FL 32038

**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: *Judee Holmberg*

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

(NOTE: Registered Agent signature required when reinstating)

3/7/04
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: PD
NAME: HOLMBERG, CARL
STREET ADDRESS: 1331 SW BETLEHEM AVE
CITY-ST-ZIP: FT WHITE, FL 32038

TITLE: STD
NAME: HOLMBERG, JUDEE
STREET ADDRESS: 1331 SW BETHLEHEM AVE
CITY-ST-ZIP: FT WHITE, FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Judee Holmberg, Sec/Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/04 388-454-4346
Date Daytime Phone #