

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-16-2004 90033 046 ***150.00

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

J4000000



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Holmberg
HOLMBERG, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMBERG, CARL 1331 SW BETLEHEM AVE FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLMBERG, JUDEE 1331 SW BETHLEHEM AVE FT WHITE, FL 32038
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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)(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
Date

388-454-4346
Daytime Phone #