

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 048 ***158.75

DOCUMENT # P98000041182

1. Entity Name
MR. MIKE'S GOURMET FOODS, INC.



Principal Place of Business
6551 44TH ST. N
SUITE #5005
PINELLAS PARK, FL 33781 US

Mailing Address
6551 44TH ST. N
SUITE #5005
PINELLAS PARK, FL 33781 US

54072303



2. Principal Place of Business
6511 43RD ST. N.
Suite, Apt. #, etc.
UNIT 1812
City & State
PINELLAS PARK, FL
Zip
33781 Country
USA

3. Mailing Address
6511 43RD ST. N.
Suite, Apt. #, etc.
UNIT 1812
City & State
PINELLAS PARK, FL
Zip
33781 Country
USA

09082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3498705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRYER, JOAN M
6551 44TH ST. N
SUITE 5005
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
FRYER, JOAN M.
Street Address (P.O. Box Number is Not Acceptable)
6511 43RD ST N.
UNIT 1812
City
PINELLAS PARK FL Zip Code
33781

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 Michael A Fryer - MICHAEL A. FRYER
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9-8-04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRYER, MICHAEL A	
STREET ADDRESS	5400 95TH ST N, #224B	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FRYER, JOAN M	
STREET ADDRESS	5400 95TH ST N, #224B	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7901 22ND AV N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7901 22ND AV N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael A Fryer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-04 727-520-1888
Date Daytime Phone #