

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 018 ***150.00

DOCUMENT # P99000032485

1. Entity Name

FOOD PLAYERS, INC.



Principal Place of Business

563 BARTON BLVD. #9 & 10
ROCKLEDGE FL 32955

Mailing Address

983 KINGS POST RD.
ROCKLEDGE FL 32955

2. Principal Place of Business

563 BARTON BLVD. #1 & #2

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1 + #2

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

BREVARD

Zip

32955

Country

USA

4. FEI Number

65-0909521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

DAVIS, JOHN G
563 BARTON BLVD. #9 & 10
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

John G. DAVIS

Street Address (P.O. Box Number is Not Acceptable)

563 BARTON BLVD. #1 & #2

Rockledge, FL

City

Rockledge

FL

Zip Code

32955

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

John G. Davis

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

(NOTE: Registered Agent signature required when reinstating)

4-15-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME PRATT, LISA A
STREET ADDRESS 910 JAMESTOWN DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☒ Addition
NAME GRACE M. DAVIS
STREET ADDRESS 983 KINGS POST RD
CITY-ST-ZIP Rockledge, FL 32955

TITLE VICE PRESIDENT ☒ Change ☒ Addition
NAME JOHN G. DAVIS SR.
STREET ADDRESS 983 KINGS POST RD.
CITY-ST-ZIP Rockledge, FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John G. Davis Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

(321)637-0991

Daytime Phone #