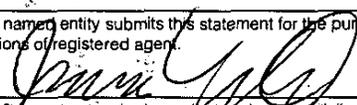
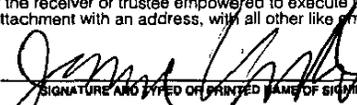


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91245 021 ***150.00

DOCUMENT # P99000097946			
1. Entity Name ABC RESTAURANT SUPPLIES & EQUIPMENT OF FORT MYERS, INC.			
Principal Place of Business 1962 HONDA RD FORT MYERS, FL 33907		Mailing Address 1962 HONDA RD FORT MYERS, FL 33907	
2. Principal Place of Business 24532 SAILFISH STREET Suite, Apt. #, etc.		3. Mailing Address 24532 SAILFISH STREET Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 33134	Country USA	Zip 33134	Country USA
6. Name and Address of Current Registered Agent PATRAS-VENTIS, JOANNE 1962 HONDA RD FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name PATRAS-VENETIS, JOANNE Street Address (P.O. Box Number is Not Acceptable) 24532 SAILFISH STREET City BONITA SPRINGS, FL Zip Code 34134	
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  JOANNE PATRAS-VENETIS, PRESIDENT 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PATRAS-VENETIS, JOANNE 1962 HONDA RD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PATRAS-VENETIS, JOANNE 24532 SAILFISH STREET BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		JOANNE PATRAS-VENTIS, PRES. 4/30/04 (239) 690-2828	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

94083230



04182004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0965708** Applied For Not Applicable

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