

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91245 021 \*\*\*150.00

<b>DOCUMENT # P99000097946</b>					
<b>1. Entity Name</b> ABC RESTAURANT SUPPLIES & EQUIPMENT OF FORT MYERS, INC.					
<b>Principal Place of Business</b> 1962 HONDA RD FORT MYERS, FL 33907			<b>Mailing Address</b> 1962 HONDA RD FORT MYERS, FL 33907		
<b>2. Principal Place of Business</b> 24532 SAILFISH STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 24532 SAILFISH STREET Suite, Apt. #, etc.			
<b>City &amp; State</b> BONITA SPRINGS, FL Zip 33134 Country USA		<b>City &amp; State</b> BONITA SPRINGS, FL Zip 33134 Country USA		<b>4. FEI Number</b> 65-0965708	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> PATRAS-VENTIS, JOANNE 1962 HONDA RD FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name: PATRAS-VENETIS, JOANNE Street Address (P.O. Box Number is Not Acceptable): 24532 SAILFISH STREET City: BONITA SPRINGS, FL Zip Code: 34134		
<b>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.</b>					
SIGNATURE:		JOANNE PATRAS-VENETIS, PRESIDENT		4/30/04	
(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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
<b>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.</b>					
SIGNATURE:		JOANNE PATRAS-VENTIS, PRES. 4/30/04 (239) 690-2828			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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