

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000103464**

1. Entity Name  
**CULINARIAN CONCEPTS, INC.**



Principal Place of Business  
**2111 SE OCEAN BLVD  
STUART, FL 34996**

Mailing Address  
**660-32ND COURT SW  
VERO BEACH, FL 32968**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0967172**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WEISS, JO ANN  
660-32ND COURT SW  
VERO BEACH, FL 32968**

**JO ANN WEISS  
660-32ND COURT SW  
VERO BEACH, FL 32968**

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

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

(NOTE: Registered Agent signature required when renewing)

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	P
NAME	WEISS, JO ANN
STREET ADDRESS	660-32ND COURT SW
CITY-STATE-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000138845  
04/29/04-80096-014 150.00

**JO ANN WEISS  
660-32ND COURT SW  
VERO BEACH, FL 32968**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Jo Ann Weiss*  
**JO ANN WEISS**

**4-26-04 772-282-1440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #