2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29826

FILED Feb 18, 2004 Secretary of State

Entity Name: HOOTERS FOODS, INC.

| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
|--|---|---|--|--|--|
| STE 100 | HWY 19 N | 222240 110 | | | |
| CLEARW. | ATER, FL 3376 | 632019 US | | | |
| Current N | Mailing Addres | ss: | New Mailing Addr | ess: | |
| STE 100 | HWY 19 N ATER, FL 3370 | 632019 US | | | |
| FEI Number | r: 59-3058302 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and Addres | s of New Registered Agent: | |
| STE 100 CLEARW | HWY 19 N ATER, FL 346: | | | | |
| | e named entity : e of Florida. | submits this statement for the p | ourpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | nic Signature of Registered Age | ent | Date | |
| | _100ti 01 | 9 9 | J. 1. C. | Date | |
| Election Ca | | g Trust Fund Contribution (). | 3112 | Bute | |
| | | g Trust Fund Contribution (). | | | |
| | mpaign Financin | g Trust Fund Contribution (). TORS: Delete G. OINT | | IGES TO OFFICERS AND DIRECTORS () Change () Addition | |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: | Mpaign Financing S AND DIREC PD () KIEFER, NEIL () 7296 BRYCE P PINELLAS PAR | Trust Fund Contribution (). TORS: Delete G. COINT K, FL 33782 Delete NIO, GILB, ERT DGE PLACE | ADDITIONS/CHAN Title: Name: Address: | IGES TO OFFICERS AND DIRECTORS | |
| OFFICER Title: Name: Address: | Mpaign Financing S AND DIREC PD () KIEFER, NEIL (7296 BRYCE P PINELLAS PAR DVP () DIGIANNANTOI 3717 WOODRI PALM HARBOR | g Trust Fund Contribution (). TORS: Delete G. OINT CK, FL 33782 Delete NIO, GILB, ERT DGE PLACE R, FL Delete IAM E | ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: | IGES TO OFFICERS AND DIRECTORS () Change () Addition | |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | PD () KIEFER, NEIL () 7296 BRYCE P PINELLAS PAR DVP () DIGIANNANTOI 3717 WOODRI PALM HARBOF DST () RANIERI, WILL 949 SKYE LAN PALM HARBOF | TORS: Delete 3. Delete NIO, GILB, ERT DGE PLACE R, FL Delete IAM E R, FL 34680 Delete VARD C., EN BOOTH RD. | ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL G. KIEFER PD 02/18/2004