



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V63355			
1. Entity Name ST. JOHNS BAKERY & GOURMET FOOD COMPANY PAP INVESTMENT GROUP, INC			
Principal Place of Business 1152 POPOLEE RD JACKSONVILLE, FL 32259		Mailing Address 1152 POPOLEE RD JACKSONVILLE, FL 32259	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03092004		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3143531		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PODES, PETER A 14362 W SAN JOSE BLVD 1152 POPOLEE RD JACKSONVILLE, FL 32226 32259		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	D PODES, PETER A 1152 POPOLEE RD JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DONT, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP, SEE TRACS SUSAN W. PODES 1152 POPOLEE RD JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" 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
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 names empowered.			
SIGNATURE: 		3/15/04 (904)287-5248	
MONUMENT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/26 (Revised 1/13/04)	
PETER A. PODES, DIRECTOR			

94063469

