

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -8 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F99000006357

1. Entity Name
CONVENIENCE FOOD SYSTEMS, INC.

Principal Place of Business
8000 NORTH DALLAS PARKWAY
FRISCO, TX 75034

Mailing Address
8000 NORTH DALLAS PARKWAY
FRISCO, TX 75034



06032004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2977967	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAKES, FRANK R
100 NORTH TAMPA STREET, SUITE 1800
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARSEN, JOHN-OLE BEEKAKKER 11,5761 EN BAKEL THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUHLMANN, JAN E 8000 NORTH DALLAS PARKWAY FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD STRICKER, BRYON 8000 NORTH DALLAS PARKWAY FRISCO, TX 75034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFMANS, WILL BEEKAKKER 11,5761 EN BAKEL THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300038198663
06/23/04--01067--018 **550.00

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryon L. Stricker VP-Treasurer 6/4/04

Date

Daytime Phone #

214-618-1100