

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000064557**

1. Entity Name  
**CLERMONT FOOD, INC.**



Principal Place of Business  
**2018 S. CHICKASAW TR**  
**ORLANDO, FL 32825**

Mailing Address  
**2018 S. CHICKASAW TR**  
**ORLANDO, FL 32825**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3734517** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAPADIA, ANIL**  
**2018 S. CHICKASAW TR**  
**ORLANDO, FL 32825**

**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 \$150.00**  
**After May 1, 2006 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           | KAPADIA, ANIL        |
| STREET ADDRESS | 1537 SHADY OAK DR.   |
| CITY-ST-ZIP    | KISSIMMEE, FL 34744  |
| TITLE          | V                    |
| NAME           | KAPADIA, NILKANTH    |
| STREET ADDRESS | 2018 S. CHICKASAW TR |
| CITY-ST-ZIP    | ORLANDO, FL 32825    |
| TITLE          | S                    |
| NAME           | SHAH, DHIMANT        |
| STREET ADDRESS | 168 OAK GROVE        |
| CITY-ST-ZIP    | LAKE MARY, FL 32746  |
| TITLE          | T                    |
| NAME           | SHAH, VISHAKHA       |
| STREET ADDRESS | 168 OAK GROVE        |
| CITY-ST-ZIP    | LAKE MARY, FL 32746  |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

UN0000547333  
 05/12/06-80021-006 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **ANIL KAPADIA** 4/26/06 407-787-2281