

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90256 048 ***158.75

DOCUMENT # P03000035931 1. Entity Name AMBROSIA GOURMET, INC.																																																																																																																	
Principal Place of Business 2511 VASCO STREET 118 PUNTA GORDA, FL			Mailing Address P.O. BOX 51181 PUNTA GORDA, FL 33951																																																																																																														
2. Principal Place of Business 2893 Coral Way		3. Mailing Address no change																																																																																																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																															
City & State Punta Gorda, FL		City & State 		4. FEI Number 13-4245852																																																																																																													
Zip 33950		Country Charlotte		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent WILLSIE, JOHN D 2511 VASCO STREET PUNTA GORDA, FL				7. Name and Address of New Registered Agent Name John D. Willsie Street Address (P.O. Box Number is Not Acceptable) 2893 Coral Way City Punta Gorda FL Zip Code 33950																																																																																																													
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 <u>John D. Willsie, Pres</u> 4-27-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLSIE, JOHN D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 VASCO STREET SUITE 118</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CHRM</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLSIE, JOHN D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 VASCO STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>John D. Willsie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2893 Coral Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Punta Gorda, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CHRM</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>John D. Willsie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2893 Coral Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Punta Gorda, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PSTD	☒ Delete	NAME	WILLSIE, JOHN D		STREET ADDRESS	2511 VASCO STREET SUITE 118		CITY-ST-ZIP	PUNTA GORDA, FL		TITLE	CHRM	☒ Delete	NAME	WILLSIE, JOHN D		STREET ADDRESS	2511 VASCO STREET		CITY-ST-ZIP	PUNTA GORDA, FL		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PSTD	☒ Change ☐ Addition	NAME	John D. Willsie		STREET ADDRESS	2893 Coral Way		CITY-ST-ZIP	Punta Gorda, FL 33950		TITLE	CHRM	☒ Change ☐ Addition	NAME	John D. Willsie		STREET ADDRESS	2893 Coral Way		CITY-ST-ZIP	Punta Gorda, FL 33950		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>John D. Willsie, Pres</u> 4-27-05 941-69-8629 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																																																																																																	