


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90043 024 \*\*\*150.00

**DOCUMENT # S68010**  
 1. Entity Name  
**FOOD SUPPLY, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 1752      P.O. BOX 1752  
 DAYTONA BEACH, FL 32115      DAYTONA BEACH, FL 32115

**50018677**



2. Principal Place of Business      3. Mailing Address  
 3100 S. Ridgewood Ave.      3100 S. Ridgewood Ave.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Unit 100      Unit 100

02172005      Chg-P      CR2EQ34 (10/03)

City & State      City & State  
 South Daytona, Florida      South Daytona, FL  
 Zip      County      Zip      County  
 32119      Volusia      32119      Volusia

4. FEI Number      Applied For  
 59-3075766      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CROTTY, MICHAEL D  
 1800 W. INT'L SPEEDWAY BLVD  
 DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEO SACKS, DAVID 9 BROAD WATER DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President SOUSA, JAMES 2453 AVOCADO DRIVE DAYTONA BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President MOTZEL, STEPHEN 16 WINCHESTER ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKS, LEONARD 30 OCEANS W. BLVD APT. 706 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles Matheny 1143 Orange Ave. Daytona Beach, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.

SIGNATURE: David Sacks      CEO      Date: 2/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #