2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 188142

Title:

Name:

Address:

City-St-Zip:

FILED Jan 22, 2004 Secretary of State

Entity Nam	ne: FLORIDA F	OOD SERVICE, INC.		•	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5201 N.E. 4 GAINESVIL	0 TERR LE, FL 32609	US			
Current Ma	ailing Address:		New Mailing Address:	New Mailing Address:	
P O BOX 52 GAINESVIL	247 LE, FL 32627	US			
FEI Number:	59-0756596	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ISLAM, JOEL S PARTNER 1724 NW 51ST TERRACE GAINESVILLE, FL 32605 US				ISLAM, JOEL S CFO 1724 NW 51ST TERRACE GAINESVILLE, FL 32605 US	
The above in the State		bmits this statement for the pur	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOEL S ISLAM				01/22/2004	
	Electronic	Signature of Registered Agent	t	Date	
Election Cam	paign Financing T	rust Fund Contribution ().			
OFFICERS	AND DIRECTO	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () DO'STEEN, STEVE 18320 NW 55TH F ALACHUA, FL 320	M. PLACE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () DISLAM S. JAMES, 5020 N.W. 19 PL GAINESVILLE, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () DO ISLAM, JEFFREY 4019 NW 23RD D GAINESVILLE, FL	S. R.	Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL S. ISLAM TD 01/22/2004

() Delete

1724 N.W. 51ST TERRACE

GAINESVILLE, FL 32605

ISLAM, JOEL S.

() Change () Addition