

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 271593

1. Entity Name
CONVENIENCE FOODS, INC.



Principal Place of Business

5900 E IRLO BRONSON
ST. CLOUD, FL 34771

Mailing Address

5900 E IRLO BRONSON
ST. CLOUD, FL 34771



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1035951

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARKE, JAMES H
5900 E IRLO BRONSON
ST CLOUD, FL 34771

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000108088
04/09/04-80041-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CORBETT, KAREN CLARKE
2470 BRONCO DRIVE
SAINT CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLARKE, JAMES HENRY
5900 E. IRLO BRONSON HWY
SAINT CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CLARKE, LINDA DUMAS
5900 E. IRLO BRONSON HWY
SAINT CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Linda D Clarke Linda D. Clarke 4/4/04 (407) 892-5324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #