

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 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**



01162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1035951**

Applied For  
☐ Not Applicable

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

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, 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  
**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)(f), 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** 2/20/05 407-692-5324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #