

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 277727	
1. Entity Name WALTERS-HODZ FOODS INC	

Principal Place of Business C/O MORRIS & MORRIS, P.A. 3500 CARDINAL POINTE DR STE 1 JACKSONVILLE, FL 32257 US	Mailing Address C/O MORRIS & MORRIS, PA. P.O. BOX 56375 JACKSONVILLE, FL 32241 US
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1036474	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODZ, MARSHALL 3550 SCRIMSHAW DR JACKSONVILLE, FL 32257
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**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

1000000337821
04/28/05-80012-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODZ, MARSHALL 3550 SCRIMSHAW DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODZ, ELSEBETH 8859 OLD KINGS RS APT 101 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODZ, ELAINE 3550 SCRIMSHAW DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *E. Sherh Hody* **4/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #