


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 588792</b>	
1. Entity Name INSTITUTIONAL FOOD BROKERS OF FLORIDA, INC.	

Principal Place of Business 12402 N 56TH STREET TAMPA, FL 33617	Mailing Address POST OFFICE BOX 291637 TAMPA, FL 33687
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**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1854893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RAKOCY, F. J. 31438 SADDLE LN ZEPHYRHILLS, FL 33543	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000343767 04/29/05-80109-017 50.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKOCY, WANDA 31438 SADDLE LN. ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAKOCY, F.J. 31438 SADDLE LN ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRYBYS, GEORGE 6004 PRATT STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOJTKIEWICZ, BILL 8759 PINE BARRON DRIVE ORLANDO, FL
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:** E.J. Rakocy **4-27-05** **813-988-9326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #