

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 588792**

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



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1854893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAKOCY, F. J.  
31438 SADDLE LN  
ZEPHYRHILLS, FL 33543

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAKOCY, WANDA
STREET ADDRESS	31438 SADDLE LN.
CITY- ST- ZIP	ZEPHYRHILLS, FL
TITLE	PD
NAME	RAKOCY, F.J.
STREET ADDRESS	31438 SADDLE LN
CITY- ST- ZIP	ZEPHYRHILLS, FL
TITLE	VS
NAME	PRYBYS, GEORGE
STREET ADDRESS	6004 PRATT STREET
CITY- ST- ZIP	TAMPA, FL
TITLE	D
NAME	WOJTKEIWICZ, BILL
STREET ADDRESS	8759 PINE BARRON DRIVE
CITY- ST- ZIP	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 exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #