

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # 592899

1. Entity Name  
B & C FOODS, INC.



Principal Place of Business  
1600 SOUTH STATE RD. #7  
FT. LAUDERDALE, FL 33317

Mailing Address  
P O BOX 120625  
FORT LAUDERDALE, FL 33312-0011



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1862536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BIGGS, CHRISTOPHER N.  
1600 S STATE RD #7  
FT. LAUDERDALE, FL 33330

**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	PD
NAME	BIGGS, CHRISTOPHER N
STREET ADDRESS	2825 SW 117TH AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	VD
NAME	BIGGS, BEVERLY F
STREET ADDRESS	2825 SW 117TH AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	TSD
NAME	HANSEN, SUE
STREET ADDRESS	1050 S W 52ND AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VD
NAME	STEVENS, JEFFERY
STREET ADDRESS	1151 SCARBOROUGH DR
CITY-ST-ZIP	DAVIE, FL
TITLE	VD
NAME	BIGGS, CHRISTOPHER F
STREET ADDRESS	2825 SW 117TH AVE.
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	D
NAME	BIGGS, COURTNEY J
STREET ADDRESS	2825 SW 117TH AVE.
CITY-ST-ZIP	DAVIE, FL 33330

U00000353252  
05/03/05-80059-023 150.00

**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: *Sue Hansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

954-321-9678

Daytime Phone #