

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006519

FILED
Apr 12, 2004
Secretary of State

Entity Name: OVATIONS FOOD SERVICES, INC.

Current Principal Place of Business:

10012 N. DALE MABRY, STE 215
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10012 N. DALE MABRY, STE 215
TAMPA, FL 33618

New Mailing Address:

FEI Number: 23-3035415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKNER, TODD
10012 N. DALE MABRY, STE 215
TAMPA, FL 33618

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUUKKO, PETER A
Address: 3601 SOUTH BROAD STREET
City-St-Zip: PHILADELPHIA, PA 19148

Title: VTD () Delete
Name: LIPSTEIN, SANFORD A
Address: 3601 SOUTH BROAD STREET
City-St-Zip: PHILADELPHIA, PA 19148

Title: SD () Delete
Name: WEINBERG, PHILIP I
Address: 3601 SOUTH BROAD STREET
City-St-Zip: PHILADELPHIA, PA 19148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LUUKKO

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date