

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F55201

1. Entity Name
DARIFAIR FOODS, INC.



Principal Place of Business
**C/O TIMOTHY L FLANAGAN
1548 LANCASTER TERR
JACKSONVILLE, FL 32204**

Mailing Address
**C/O TIMOTHY L FLANAGAN
1548 LANCASTER TERR
JACKSONVILLE, FL 32204**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-2135285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLOCK, WILLIAM A.
2960 HARTLEY ROAD WEST
JACKSONVILLE, FL 32257**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DCOB
NAME	BLOCK, MAX
STREET ADDRESS	2737 ESTATES LN.
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	PD
NAME	BLOCK, ANDREW
STREET ADDRESS	2960 HARTLEY RD W
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	VSD
NAME	BLOCK, WILLIAM A.
STREET ADDRESS	2960 HARTLEY RD W
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	AV
NAME	BLOCK, BEVERLY
STREET ADDRESS	2737 ESTATES LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(i), 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: William Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. BLOCK

4/6/04

Date

904-268-8999

Daytime Phone #