

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000002564

1. Entity Name  
METRO FOOD MANUFACTURING INC.



**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
12672 TUCANO CIRCLE  
BOCA RATON, FL 33428

Mailing Address  
12672 TUCANO CIRCLE  
BOCA RATON, FL 33428



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2859651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

SCHEPPS, RANDEE  
12672 TUCANO CIRCLE  
BOCA RATON, FL 33428

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEPPS, RANDEE 12672 TUCANO CIRCLE BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHEPPS, DAVID 12672 TUCANO CIR BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000175117  
01/10/05-80037-013 150.00

**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)(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-05 561  
4770917