

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90041 026 ***150.00

DOCUMENT # G44004

1. Entity Name

SUN-RICH FOODS, INC.



Principal Place of Business

1308 CLARE AVE
WEST PALM BEACH FL 33401-6908
US

Mailing Address

1418 FAIRWAY CIRCLE
WEST PALM BEACH FL 33413

2. Principal Place of Business

1418 FAIRWAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

Zip 33413

Country

PALM BEACH

City & State

Zip

Country

4. FEI Number

59-2292761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILLEN, J.W.
1418 FAIRWAY CIRCLE
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KILLEN, J.W.
STREET ADDRESS 1418 FAIRWAY CIRCLE
CITY-ST-ZIP WEST PALM BEACHES FL 33413

TITLE VP ☒ Delete
NAME DELUCA, FRANK
STREET ADDRESS 5031 50 WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jay W. Killen JAY W. KILLEN SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 561 313 7508

Date

Daytime Phone #