

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90037 017 ***150.00

DOCUMENT # H51422

1. Entity Name
FOOD PARADE, INC.



Principal Place of Business
15400 AVIATION LOOP DRIVE
BROOKSVILLE, FL 34609 US

Mailing Address
15400 AVIATION LOOP DRIVE
BROOKSVILLE, FL 34609 US



03032005 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2600291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEAMISH, ROBERT
15400 AVIATION LOOP DR.
BROOKSVILLE, FL 34604

**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 reappointing)

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 | PV |
| NAME | BEAMISH, ROBERT |
| STREET ADDRESS | 8008 FAIRLANE AVENUE 9466 Briggside Ct |
| CITY-ST-ZIP | BROOKSVILLE, FL 34613 Spring Hill FL 34608 |
| TITLE | VP |
| NAME | BEAMISH, RYAN M |
| STREET ADDRESS | 6868 EASTBROOK DR. |
| CITY-ST-ZIP | SPRING HILL, FL 34606 |
| TITLE | VP |
| NAME | BEAMISH, ROBERT K |
| STREET ADDRESS | 6868 EASTBROOK DR 10563 CHALMER ST |
| CITY-ST-ZIP | SPRING HILL, FL 34606 Spring Hill FL 34609 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Robert F Beamish* **ROBERT F BEAMISH**

3/19/05

352-779-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #