

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90264 040 ***150.00

14010011



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2805689** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

FRISCH, HANS
1745 W. BEAVER STREET
JACKSONVILLE, FL 32209

7. Name and Address of New Registered Agent

Name **BEAVER STREET FOODS, INC.**
Street Address (P.O. Box Number is Not Acceptable) **1741 W. BEAVER STREET**
City **JACKSONVILLE** FL **32209**

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 *Hans Frisch* **HANS FRISCH, V. PRESIDENT** 4/27/05
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	DVAS	<input type="checkbox"/> Delete
NAME	FRISCH, HANS	
STREET ADDRESS	1741 W BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EBERHARDT, EUGENE	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS, JEFF	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FRISCH, BENJAMIN P.	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRISCH, KARL E	
STREET ADDRESS	1741 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Hans Frisch* **HANS FRISCH** 4/27/05 (904) 354-8533
Signature and typed or printed name of signing officer or director Date Daytime Phone #