


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

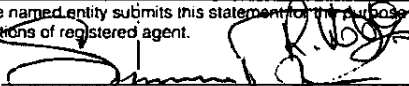
03-15-2004 90020 042 \*\*\*150.00

<b>DOCUMENT # K71119</b>			
1. Entity Name <b>SOUTH FLORIDA FOOD SERVICES CORPORATION</b>			
Principal Place of Business <b>3578-D N. ACCESS ROAD ENGLEWOOD FL 34224 US</b>		Mailing Address <b>3578-D N. ACCESS ROAD ENGLEWOOD FL 34224 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66410740

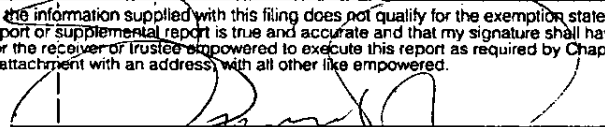


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DURYE, E. RUSSELL</b> <b>1021 BAY HARBOR DR</b> <b>ENGLEWOOD, FL</b> <b>34223</b>		Name <b>RUTH HOBBS</b> Street Address (P.O. Box Number is Not Acceptable) <b>12184 SNOWBIRD AVE.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33981</b>	
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 <b>RUTH HOBBS</b> <b>SUSANNE DURYEA</b> DATE <b>3-12-04</b>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	NAME <b>DURYE, E. RUSSELL</b> STREET ADDRESS <b>1021 BAY HARBOR DR</b> CITY-ST-ZIP <b>ENGLEWOOD FL</b>	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>VS</b>	NAME <b>DURYE, SUSANNE M.</b> STREET ADDRESS <b>2184 SNOWBIRD BLVD.</b> CITY-ST-ZIP <b>PORT CHARLOTTE FL 33981-1510</b>	TITLE <b>PT</b>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/5/04</b> Daytime Phone # <b>941-475-2238</b>