# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L74066

1. Entity Name
CARNIVAL OF FOODS, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 4949 INTERNATIONAL DR<br>ORLANDO, FL 32819 US | 711 W HARVARD ST<br>ORLANDO, FL 32804 US |

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3019552

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N.
886 S. DILLARD STREET
WINTER GARDEN, FL 34787

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | FARR, O.L. |
| STREET ADDRESS | 837 HADDOCK AVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32169 |
| TITLE | STD |
| NAME | FARR, CAROLYN |
| STREET ADDRESS | 837 HADDOCK AVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32169 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 4-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date