2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L76181

1. Entity Name
WESLEY CHAPEL FOODS, INC.

Principal Place of Business	Mailing Address
27307 SR 54 W	5618 MARIE DRIVE
WESLEY CHAPEL, FL 33543 US	ZEPHYRHILLS, FL 33541

049033304

DO NOT WRITE IN THIS SPACE

03202004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3010135		Not Applicable

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

6. Name and Address of Current Registered Agent

KAZBOUR, FAY
5618 MARIE DR
ZEPHYRHILLS, FL 33541

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

10.	**OFFICERS AND DIRECTORS**
TITLE	STVD
NAME	KAZBOUR, FAY
STREET ADDRESS	5618 MARIE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	PD
NAME	KAZBOUR, KHALED
STREET ADDRESS	5618 MARIE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KHALED KAZBOUR   4/12/04   (813) 713-2684
Date   Daytime Phone #