

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L76181

1. Entity Name
WESLEY CHAPEL FOODS, INC.



Principal Place of Business

**27307 SR 54 W
WESLEY CHAPEL, FL 33543 US**

Mailing Address

**5618 MARIE DRIVE
ZEPHYRHILLS, FL 33541**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3010135

Applied For
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**

**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	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	

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04/08/05-80047-006 150.00

**DO NOT WRITE
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)(f), 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 4/7/05 813-788-6848

Date

Daytime Phone #