

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L79057	
1. Entity Name FANTIS FOODS OF FLORIDA, INC.	



Principal Place of Business FANTIS FOODS OF FLORIDA INC. 3399 118TH AVENUE NORTH ST. PETERSBURG, FL 33716	Mailing Address 60 TRIANGLE BLVD CARLSTADT, NJ 07072 US
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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GIAMBAZVO, JOSEPH ESQ 1012 DREW ST. CLEARWATER, FL 34615
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**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 reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAKRIS, GEORGE 60 TRIANGLE BLVD. CARLSTADT, NJ 07072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAKRIS, STEVE 60 TRIANGLE BLVD. CARLSTADT, NJ 07072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAKRIS, JERRY G 60 TRIANGLE BLVD. CARLSTADT, NJ 07072
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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04/12/06-80024-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2306
Date
201-642-9774
Daytime Phone #