


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M90637**  
1. Entity Name  
WINE AND FOOD SERVICES OF FLORIDA, INC.



Principal Place of Business  
27593 S. DIXIE HIGHWAY  
NARANJA LAKES, FL 33032

Mailing Address  
27593 S. DIXIE HIGHWAY  
NARANJA LAKES, FL 33032

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0088110 Applied For  
Not Applicable

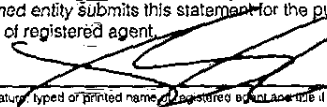
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLETTE, WILLIAM  
KEG SOUTH  
27591 SOUTH DIXIE HWY  
NARANJA LAKES, FL 33032

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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:  DATE: 4/25/05

Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

**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

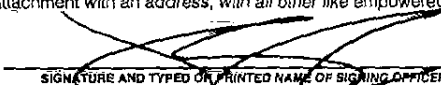
10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	MALLETTE, WILLIAM H.
STREET ADDRESS	27593 S. DIXIE HWY.
CITY-ST-ZIP	NARANJA LAKES, FL
TITLE	V
NAME	CAVES, JASON
STREET ADDRESS	1411 NE 9 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1107007364829  
05/09/05-80011-016 150.00

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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)(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:  DATE: 4/25/05 DAYTIME PHONE #: 2052480959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR