

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



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
MALLETTE, WILLIAM H.
27593 S. DIXIE HWY.
NARANJA LAKES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAVES, JASON
1411 NE 9 CT
HOMESTEAD, FL 33033

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

1100000364829
05/09/05-80011-016 150.00

**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

4/25/05

Date

2052480959

Daytime Phone #