

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M91965

1. Entity Name
FIVE-TWO-SEVEN-FOODS, INC.



Principal Place of Business
**5440 GALL BLVD.
ZEPHYRHILLS, FL 33541-3932 US**

Mailing Address
**5618 MARIE DR
ZEPHYRHILLS, FL 33541**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2899772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAZBOUR, KHALED
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 reinstating)

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 PD
NAME KAZBOUR, KHALED
STREET ADDRESS 5618 MARIE DR
CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE STVP
NAME KAZBOUR, FAY
STREET ADDRESS 5618 MARIE DR
CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U000000292792
04/08/05-80003-005 150.00

**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)(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: *Khaled K. Kabor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALED KAZBOUR

Date

813-788-6848

Daytime Phone #