

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000049103**

1. Entity Name  
ULTRAFOODS INC.



Principal Place of Business  
5827 17TH STREET E  
BRADENTON, FL 34203

Mailing Address  
5827 17TH STREET E  
BRADENTON, FL 34203



**DO NOT WRITE IN THIS SPACE**

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1017764

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARDI, LES  
7061 S. TAMiami TRAIL  
SARASOTA, FL 34231-5559

**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 ADAM, CHARLES  
STREET ADDRESS 5827 17TH ST E  
CITY-ST-ZIP BRADENTON, FL 34203

TITLE  
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CITY-ST-ZIP

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U00000361626  
05/05/05-80083-019 150.00

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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 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

GROSSNER ANNA

Date

Daytime Phone #

4-29-05