


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90547 019 \*\*\*150.00

<b>DOCUMENT # P00000053716</b> 1. Entity Name <b>LA FRESE FOOD DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>4445 126TH AVE. NORTH CLEARWATER, FL 33762</b>			Mailing Address <b>PO BOX 3242 CLEARWATER, FL 33767</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3664816</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VAN DYKE, ELAINE 4445 126TH AVE. NORTH CLEARWATER, FL 33762</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <b>ELAINE VANDYKE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/18/04</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be</b> Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D KRAYNICK, ELAINE 4445 126TH AVE. NORTH CLEARWATER, FL 33762</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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)(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: <b>ELAINE VANDYKE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/18/04</b> <small>DATE</small>	
SECRETARY				DAYTIME PHONE # <b>727-540-0771</b> <small>DAYTIME PHONE #</small>	

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04202004 Chg-P CR2E034 (10/03)