


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 045 ***150.00

DOCUMENT # P00000078425					
1. Entity Name TOTAL FOOD SOURCE, INC.					
Principal Place of Business 16441 SW 1ST ST PEMBROKE PINES, FL 33027			Mailing Address 16441 SW 1ST ST PEMBROKE PINES, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1038765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOIGHT, TRACY A 16441 SW 1ST ST PEMBROKE PINES, FL 33027				Name <u>VOIGHT, TRACY A</u> Street Address (P.O. Box Number is Not Acceptable) <u>16441 SW 1ST STREET</u> <u>PEMBROKE PINES</u> City <u>FL</u> Zip Code <u>33027</u>	
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 <u>Tracy Voigt</u> <u>Tracy Voigt</u> <u>7-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOIGHT, TRACY		NAME	<u>VOIGHT, TRACY</u>	
STREET ADDRESS	16441 SW 1ST STREET		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33027		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Tracy Voigt</u> <u>Tracy Voigt</u> <u>7-2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					