


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90003 018 ***150.00

DOCUMENT # P01000023145 1. Entity Name CRYSTAL RIVER FOODSERVICE, INC.					
Principal Place of Business 1677 SE HWY 19 CRYSTAL RIVER, FL 34429			Mailing Address PO BOX 2267 CHIEFLAND, FL 32644		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State		4. FEI Number 59-3709205	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELL, STUART R 114 NE 3RD AVE CHIEFLAND, FL 32626			Name _____ Street Address (P.O. Box Number is Not Acceptable) 13 NE 3rd Street City Chiefland FL 32626		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! - FEB IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing - <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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, STUART R 116 N MAIN ST CHIEFLAND, FL 32626 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2267 Chiefland FL 32644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/25/04 352-493-0081 <small>Date Daytime Phone #</small>		

54070683



07012004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Attachment

54070683
P01000023145

COMPANY NAME CHANGE

To: All Customers and Vendors

**From: Rykim Management Group, Inc.
(Bell's Family Restaurant)**

As of today July 19th we have changed our name to the following:

Suncoast Venture Development Corporation

Any correspondence should now reflect the new name.