

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000054686

1. Entity Name
ALL IN GOOD TASTE, INC.



Principal Place of Business
1101 BELCHER ROAD S SUITE B
LARGO, FL 33771

Mailing Address
1101 BELCHER ROAD S SUITE B
LARGO, FL 33771



DO NOT WRITE IN THIS SPACE

07282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3728142

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N
1101 BELCHER ROAD S SUITE B
LARGO, FL 33771

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE D
NAME KUCHARICH, JOHN L
STREET ADDRESS 1441 ALEXANDER WAY
CITY-ST-ZIP CLEARWATER, FL 337561777

TITLE D
NAME KUCHARICH, JANET H
STREET ADDRESS 1441 ALEXANDER WAY
CITY-ST-ZIP CLEARWATER, FL 337561777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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08/11/05-80001-004 158.75

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/05
Date

727-518-9058
Daytime Phone #