

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000064557

1. Entity Name
CLERMONT FOOD, INC.



Principal Place of Business
**2018 S. CHICKASAW TR
ORLANDO, FL 32825**

Mailing Address
**2018 S. CHICKASAW TR
ORLANDO, FL 32825**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAPADIA, ANIL
2018 S. CHICKASAW TR
ORLANDO, FL 32825**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPADIA, ANIL 1537 SHADY OAK DR. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAPADIA, NILKANTH 2018 S. CHICKASAW TR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, DHIMANT 168 OAK GROVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAH, VISHAKHA 168 OAK GROVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/12/06-80021-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **ANIL KAPADIA** 4/26/06 402-787-2281