


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90030 050 ***150.00

DOCUMENT # P01000082359			
1. Entity Name QWIC WOMEN, INFANT AND CHILDREN FOOD CENTER, INC.			
Principal Place of Business 5449 S SEMORAN BLVD SUITE 12AZ ORLANDO, FL 32822		Mailing Address 859 ERRL PKWY APOPKA, FL 32712	
2. Principal Place of Business		3. Mailing Address 859 ERRL PKWY	
Suite, Apt. #, etc. Suite 12A2		Suite, Apt. #, etc.	
City & State		City & State Apopka, FL	
Zip	Country	Zip	Country
		32712	
6. Name and Address of Current Registered Agent RAULERSON, A.D. JR 859 ERRL PKWY. APOPKA, FL 32712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, A.D. JR	NAME	
STREET ADDRESS	859 ERRL PKWY.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, CHARLENE H	NAME	
STREET ADDRESS	859 ERRL PKWY	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, JOHN	NAME	
STREET ADDRESS	511 DUNWURKEN LANE	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>A.D. Raulerson Jr.</i>		A.D. Raulerson JR 3/10/04 407-448-7530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 59-3738824 Applied For Not Applicable

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