

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103735

FILED
Apr 05, 2004
Secretary of State

Entity Name: K B FARMS FOOD SERVICE, INC.

Current Principal Place of Business:

4250 ALAFAYA TRAIL
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3751906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWDER, DAVID
820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIKOLLAJ, KRIST
Address: 196 HANGING MOSS ROAD
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: NIKOLLAJ, JOZEF
Address: 204 HANGING MOSS ROAD
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: NIKOLLAJ, MHILL
Address: 200 HANGING MOSS ROAD
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: BEVINGTON, KEITH
Address: 4250 ALAFAYA TRAIL
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIST NIKOLLAJ

P

04/05/2004

Electronic Signature of Signing Officer or Director

Date