

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90273 028 ***150.00

DOCUMENT # P02000085213

1. Entity Name

J & E FOOD CORP OF TAMPA, INC.



Principal Place of Business

~~2101 DOEFIELD COURT~~
~~VALRICO FL 33594~~

Mailing Address

2101 DOEFIELD COURT
VALRICO FL 33594

94076673



MOORE CR2E034 (11/03)

2. Principal Place of Business

10942 CROSS CREEK BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33647

Country

USA

Zip

Country

4. FEI Number

04-3706766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKOVGAARD
SKOVGAARD, ERVIN A
2101 DOEFIELD COURT
VALRICO FL 33594

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

Ervin A. Skovgaard

ERVIN A. SKOVGAARD

4/27/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D SKOVGAARD ☐ Delete
NAME SKOVGAARD, ERVIN A
STREET ADDRESS 2101 DOEFIELD COURT
CITY-ST-ZIP VALRICO FL 33594

TITLE D SKOVGAARD ☐ Delete
NAME SKOVGAARD, JONATHAN E
STREET ADDRESS 2101 DOEFIELD COURT
CITY-ST-ZIP VALRICO FL 33594

TITLE D SKOVGAARD, SHERRY ☐ Delete
NAME SKOVGAARD, SHERRY
STREET ADDRESS 2101 DOEFIELD CT
CITY-ST-ZIP VALRICO, FL 33594

TITLE D ERDMAN, ANDREA ☐ Delete
NAME ERDMAN, ANDREA
STREET ADDRESS 2101 DOEFIELD CT
CITY-ST-ZIP VALRICO, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ervin A. Skovgaard

ERVIN A. SKOVGAARD

813/654-2381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/04 Daytime Phone #