

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000091444	
1. Entity Name GOURMET FOODS & PRODUCTS, INC.	

Principal Place of Business 136 PATTERSON DRIVE AUBURNDALE, FL 33823	Mailing Address 136 PATTERSON DRIVE AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0560275	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNCAN, MAX P SR. 136 PATTERSON DRIVE AUBURNDALE, FL 33823	DO NOT WRITE IN THIS SPACE
7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000067496 02/27/04-80002-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNCAN, MAX P SR. 136 PATTERSON DRIVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHUMATE, DAVID D 329 W. BRIDGERS AVENUE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAMMOND, JAMES S 1035 MEDINAH DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JAMES S. HAMMOND / Sec. Treas. **02-24-04** **863-967-4284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone