


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90068 042 \*\*\*150.00

<b>DOCUMENT # P02000093988</b>		
1. Entity Name RUSKIN FOOD, INC.		

Principal Place of Business 1930 U.S. HIGHWAY 41, South RUSKIN, FL 33570	Mailing Address 1930 U.S. HIGHWAY 41 S RUSKIN, FL 33570
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03012005 Chg-P CR2E034 (10/03)

4. FEI Number 45-0485881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, THAKESBHAI M 1930 U.S. HIGHWAY 415 RUSKIN, FL 33570		7. Name and Address of New Registered Agent Name <b>PAREKH, HEMANT S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1930 U.S. HIGHWAY 41 S.</b> City <b>RUSKIN</b> FL Zip Code <b>33570</b>	
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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  DATE **3/16/05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, THAKORBHAI M <input checked="" type="checkbox"/> Delete 872 ADDISON DR NE SAINT PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAREKH, HEMANT S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 752 Flamingo Dr. Apollo Beach FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, RAVI N <input checked="" type="checkbox"/> Delete 872 ADDISON DR NE SAINT PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAREKH TAPAN H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 752 Flamingo Dr. Apollo Beach FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRAVIN, CRADHIA D <input checked="" type="checkbox"/> Delete 1660 S TAMiami DRIVE OSPNEY, FL 34229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAREKH TETAS H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 752 Flamingo Dr. Apollo Beach FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MUKUND D <input checked="" type="checkbox"/> Delete 9871 SAGE POINT DR SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/16/05** Daytime Phone # **813 645 3424**