ANNUAL REPORT

DOCUMENT # P02000096016

1. Entity Name
RESIDENCES FOOD, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
17902 CLEARLAKE DRIVE LUTZ, FL 33548	17902 CLEARLAKE DRIVE LUTZ, FL 33548

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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0794001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL 33629

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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
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000136688
04/29/04-80091-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULLARD, ARTHUR JR
STREET ADDRESS	17902 CLEARLAKE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	BULLARD, M. KATHERINE
STREET ADDRESS	17902 CLEARLAKE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/24/04
MANDATORY: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #