

# ANNUAL REPORT

DOCUMENT # P02000096016

1. Entity Name  
RESIDENCES FOOD, INC.



**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90105 024 \*\*\*150.00

Principal Place of Business  
17902 CLEARLAKE DRIVE  
LUTZ, FL 33548

Mailing Address  
17902 CLEARLAKE DRIVE  
LUTZ, FL 33548



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE  
IN THIS SPACE

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULLARD, ARTHUR JR
STREET ADDRESS	17902 CLEARLAKE DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D
NAME	BULLARD, M. KATHERINE
STREET ADDRESS	17902 CLEARLAKE DRIVE
CITY-ST-ZIP	LUTZ, FL 33548
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 exemptions contained in Chapter 119, 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:

*Arthur Bullard, Jr* 4/27/06 813-610-7499

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT FOR REINSTATEMENT

Reinstatement Fee \$