

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90007 014 ***150.00

DOCUMENT # P02000097821

1. Entity Name

FIRST STOP FOOD, INC.



Principal Place of Business

13501 W. COLONIAL DR.
WINTER GARDEN FL 34787

Mailing Address

13501 W. COLONIAL DR.
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0529970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MODESTE, COLLIN T
6731 LORAIN STREET
ORLANDO FL 32810

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

Collin T. Modeste

Collin T. Modeste

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MODESTE, YVONNE	
STREET ADDRESS	6731 LORAIN STREET	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	
NAME	
STREET A	
CITY-ST-	
TITLE	
NAME	
STREET A	
CITY-ST-	
TITLE	
NAME	
STREET AD	
CITY-ST-Z	
TITLE	
NAME	
STREET AD	
CITY-ST-Z	
TITLE	
NAME	
STREET ADD	
CITY-ST-ZH	

Diovan[®]
valsartan tablets

*First Stop
Food Inc.*

*To whom it may concern:
We never recieved the booklet
that we recieved every year
that is why were praying so late*

*Collin T. Modeste
407-654-3556*

Please see important considerations on bottom of pad.

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:

Collin T. Modeste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/04

Date

407-654-3556

Daytime Phone #