

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 030 ***150.00

DOCUMENT # P03000017845

1. Entity Name
AYYAD FOOD INC.



Principal Place of Business
**1737 E. SILVERSPRINGS BLVD
OCALA, FL 34470**

Mailing Address
**1737 E. SILVERSPRINGS BLVD
OCALA, FL 34470**

44046421



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

37-1458376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYYAD, ABDALLAH
1737 E. SILVERSPRINGS BLVD
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name

MUSA AYYAD

Street Address (P.O. Box Number is Not Acceptable)

1737 E. SILVERSPRINGS BLVD

City

OCALA

FL

Zip Code

34470

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

Musa Ayyad

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

6/4/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
AYYAD, ABDALLAH
1737 E. SILVERSPRINGS BLVD
OCALA, FL 34470** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
AYYAD, MUSA
1737 E. SILVERSPRINGS BLVD
OCALA, FL 34470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Musa Ayyad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04

Date

(352)732-6030

Daytime Phone #