

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/31

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90681 025 \*\*\*150.00

**DOCUMENT # P03000018468**

1. Entity Name

CFH FOOD GROUP, INC.



Principal Place of Business

Mailing Address

HIGHWAY A1A AND INTRACOASTAL WATERWAY  
FERNANDINA BEACH FL 32035

POST OFFICE BOX 1978  
FERNANDINA BEACH FL 32035

**66424254**



MOORE

CR2E034 (11/03)

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

45-0502363

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

HOLT, GARY  
HIGHWAY A1A AND INTRACOASTAL WATERWAY  
FERNANDINA BEACH FL 32034

Name

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

4768 Wade Place

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HOLT, GARY  
POST OFFICE BOX 491  
YULEE FL 32041

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
CARTER, C. BRETT  
POST OFFICE BOX 1947  
FERNANDINA BEACH FL 32034

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FISHER, ROBERT P  
POST OFFICE BOX 1947  
FERNANDINA BEACH FL 32034

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32035

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

32035

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: C. Brett Carter C. Brett Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

904 261-6185

Date

Daytime Phone #