

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018468

1. Entity Name

CFH FOOD GROUP, INC.



Principal Place of Business

HIGHWAY A1A AND INTRACOASTAL WATERWAY
FERNANDINA BEACH, FL 32035

Mailing Address

POST OFFICE BOX 1978
FERNANDINA BEACH, FL 32035



04272005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

HOLT, GARY
4768 WADE PLACE
FERNANDINA BEACH, FL 32034

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOLT, GARY
STREET ADDRESS	POST OFFICE BOX 491
CITY - ST - ZIP	YULEE, FL 32041
TITLE	DVP
NAME	CARTER, C. BRETT
STREET ADDRESS	POST OFFICE BOX 1947
CITY - ST - ZIP	FERNANDINA BEACH, FL 32035
TITLE	DS
NAME	FISHER, ROBERT P
STREET ADDRESS	POST OFFICE BOX 1947
CITY - ST - ZIP	FERNANDINA BEACH, FL 32035
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000350606
05/02/05-80111-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert P. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Fisher

4/28/05

Date

(904) 266-6185

Daytime Phone #