


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90017 003 \*\*\*150.00

**DOCUMENT # P03000061089**

1. Entity Name  
**SUN FOOD, INC.**



Principal Place of Business  
**830 NW 1ST ST.  
 HIGH SPRINGS, FL 32643**

Mailing Address  
**3642 S. AMHERST HWY.  
 MADISON HEIGHTS, VA 24572**

**54069548**



2. Principal Place of Business  
**830 NW 1st Ave**

3. Mailing Address  
**830 NW 1st Ave**

Suite, Apt. #, etc.

08162004 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**51-0469363**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAH, KALPESHKUMAR**  
**830 NW 1ST ST.**  
**HIGH SPRINGS, FL 32643**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**830 NW 1st Ave**

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**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, RAJANIKANT D	
STREET ADDRESS	3642 S. AMHERST HWY.	
CITY-ST-ZIP	MADISON HEIGHTS, VA 24572	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAH, KALPESHKUMAR	
STREET ADDRESS	830 NW 1ST ST.	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
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 10.**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>830 NW 1st Ave</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Shah **KALPESHKUMAR SHAH** **08-18-04** **386 454 3634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #