


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90041 033 \*\*\*150.00

**DOCUMENT # P03000061089**

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



Principal Place of Business 830 NW 1ST AVE. HIGH SPRINGS, FL 32643	Mailing Address 830 NW 1ST AVE. HIGH SPRINGS, FL 32643
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0469363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, RAJANIKANT D 3642 S. AMHERST HWY. MADISON HEIGHTS, VA 24572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, KALPESHKUMAR 830 NW 1ST AVE HIGH SPRINGS, FL 32643
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Shah KALPESH SHAH 1-31-05 386-454-3634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #