

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-15-2005 90068 036 ***150.00

DOCUMENT # P04000056081					
1. Entity Name THE LUCOR FOOD CORPORATION					
Principal Place of Business 2611 WILDE LAKE BLVD. PENSACOLA, FL 32526			Mailing Address 2611 WILDE LAKE BLVD. PENSACOLA, FL 32526		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1071955	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, JOHN B 2611 WILDE LAKE BLVD. PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD WEBB, JOHN B 2611 WILDE LAKE BLVD. PENSACOLA, FL 32526	☐ Delete			
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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)(X), 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 the empowered.			SIGNATURE: <u>John B Webb</u> 04/11/05 (850) 944-0337		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		