


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 032 \*\*\*158.75

<b>DOCUMENT # P04000057484</b>	
--------------------------------	---

1. Entity Name  
MCCALL FOOD, INC

Principal Place of Business

2390 S MCCALL RD  
ENGLEWOOD, FL 34224

Mailing Address

2390 S MCCALL RD  
ENGLEWOOD, FL 34224

2. Principal Place of Business

2390 S. McCall Rd

3. Mailing Address

2390 S. McCall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

Country

34224

Charlotte

Zip

Country

34224

Charlotte

6. Name and Address of Current Registered Agent

VYAS, SMITA  
238 FAIRWAY ROAD  
ROTONDA WEST, FL 33947

03072005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0954540

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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 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	PSD	<input type="checkbox"/> Delete
NAME	VYAS, MAYUR	
STREET ADDRESS	238 FAIRWAY ROAD	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	

TITLE	D	<input type="checkbox"/> Delete
NAME	VYAS, SMITA	
STREET ADDRESS	238 FAIRWAY ROAD	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	

TITLE	VTD	<input type="checkbox"/> Delete
NAME	VYAS, NAYAN	
STREET ADDRESS	238 FAIRWAY ROAD	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	

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 11

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		

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. VYAS - President

Date

Daytime Phone #

03/07/05 (941) 475-0625