2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 14, 2007 8:00 am
Secretary of State
01-12-2007 90017 022 ***150.00

DOCUMENT # P04000057484

1. Entity Name
MCCALL FOOD, INC

Principal Place of Business	Mailing Address
2390 S MCCALL RD ENGLEWOOD, FL 34224	2390 S MCCALL RD ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0954540
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VYAS, SMITA
238 FAIRWAY ROAD
ROTONDA WEST, FL 33947

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

FILE NOW!! FEE IS $150.00
After May 1, 2007 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
NAME	VYAS, MAYUR
STREET ADDRESS	65 TEE VIEW RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	VYAS, SMITA
STREET ADDRESS	65 TEE VIEW RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	VTD
NAME	VYAS, NAYAN
STREET ADDRESS	65 TEE VIEW RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, that all other like empowered.

SIGNATURE: _____ 02/12/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #