2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/29/2005-90146-010-$550.00-$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 15 AM 10: 35

DOCUMENT # P04000088996

1. Entity Name
STORK'S COMMISSARY INC.

Principal Place of Business
2505 NE 15 AVE
WILTON MANORS FL 33305

Mailing Address
2505 NE 15 AVE
WILTON MANORS FL 33305

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/04)

4. FEI Number 20-1230500 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

KENT, NORMAN E ESQ
LAW OFFICES OF NORMAN ELLIOTT KENT PA
800 E BROWARD BLVD SUITE 310
FORT LAUDERDALE FL 33301

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
Make Check Payable to Florida Department of State

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	D STORK, JAMES 2505 NE 15 AVE WILTON MANORS FL 33305 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROBERT C. STORK 2505 NE 15th AVE WILTON MANORS FL 33305 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~ANSIN, RON~~ ~~2505 NE 15 AVE~~ ~~WILTON MANORS FL 33305~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: James Stork JAMES STORK 8/1/05 954-567-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #