

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088996

1. Entity Name  
STORK'S COMMISSARY INC.



FILED

07 MAY 17 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152007 Chg-P CR2E034 (12/06) 07

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2007 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 D ☐ Delete  
NAME STORK, JAMES  
STREET ADDRESS 2505 NE 15 AVE  
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE ☐ Change ☐ Addition  
NAME 900103529399  
STREET ADDRESS 05/30/07--01032--010 \*\*500.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME STORK, ROBERT C  
STREET ADDRESS 2505 N.E. 15TH AVENUE  
CITY-ST-ZIP WILTON MANORS, FL 33305

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*James Stork* JAMES STORK

3-20-07

9548153220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone