2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000089267

1. Entity Name
WAUCHULA FOOD, INC



FILED May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

1501 WEST MAIN STREET WAUCHULA, FL 33873 Mailing Address

1537 SHADY OAK DRIVE KISSIMMEE, FL 34744



04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1270380

Applied For Not Applicat:

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPADIA, ASHISH 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	l office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent and title in	1 applicable. (NOTE Registered A	Agent signature	required when roinstating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campi Trust Fund Cor			ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CRY-ST-ZIP	P KAPADIA, ASHISH 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744				05 <i>A12</i> 20099\$67273-025-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S SHAH, DHIMANT 168 OAK GROVE CIRCLE LAKE MARY, FL 32746	· 			CONTRACTOR TO TOUR TO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAH, VISHAKHA 168 OAK GROVE CIRCLE LAKE MARY, FL 32746	-		DO	NOT WRITE
HITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
NAME NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				• 11	

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT PROFINANT HEINER

107-707