


2006 FOR PROFIT CORPORATION ANNUAL REPORT

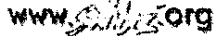
FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90211 019 ***158.75

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P05000005549 1. Entity Name PALATKA FOODS, INC. | | | |  | |
| Principal Place of Business 1101 W NORTH BLVD. SUITE 1 LEESBURG, FL 34748 | | | Mailing Address 1101 W NORTH BLVD. SUITE 1 LEESBURG, FL 34748 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 04192006 Chg-P CR2E034 (11/05) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD CASALASPRO, PASQUALE 1101 W NORTH BLVD., STE. 1 LEESBURG, FL 34748 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST CASALASPRO, PASQUALE 1101 W NORTH BLVD., STE. 1 LEESBURG, FL 34748 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WESTHOFF, DENNIS 10590 S.W. 105TH AVENUE OCALA, FL 34481 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Pasquale A. Ortiz</i> 4/25/06 (352) 728-8842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

60032808



www.sunbiz.org

ATTACHMENT
00032808
#P05000005549
Division of Corporations

Annual Report[Annual Report Help](#)

Document Number
P05000005549
Business Entity Name
PALATKA FOODS, INC.

FEI Number 571216346
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☒ Yes ☐ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 1101 W NORTH BLVD.
Suite, Apt. #, etc. SUITE 1
City, State LEESBURG , FL
Zip Code & Country 34748

Mailing Address

Address 1101 W NORTH BLVD.
Suite, Apt. #, etc. SUITE 1
City, State LEESBURG , FL
Zip Code & Country 34748

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ORTIZ , GEORGE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1515 E SILVER SPRINGS BLVD.
Suite, Apt. #, etc. SUITE 128
City, State OCALA , FL
Zip Code & Country 34470 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

60032808
P05000005549

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1101 W NORTH BLVD., STE. 1
City, State LEESBURG FL
Zip Code & Country 34748

Title ST
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1101 W NORTH BLVD., STE. 1
City, State LEESBURG FL
Zip Code & Country 34748

Title VP
Name (Last, First, Middle, Title) WESTHOFF DENNIS

- OR -

Entity Name to serve as
Officer/Director

Street Address 10590 S.W. 105TH AVENUE
City, State OCALA FL
Zip Code & Country 34481

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

DP

Officer/Director Signature Pasquale Casalaspro

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.851.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT 60032808
P 05000005549
Start Over

Sunbiz Home Page

Annual Report Help

ATTACHMENT
60032808
P05000005549
Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

| | |
|---|---------------------|
| Document Number | P05000005549 |
| Business Entity Name | PALATKA FOODS, INC. |
| FEI Number | 571216346 |
| FEI Number Status | |
| Certificate of Status Desired | Yes |
| Election Campaign Financing Trust Fund Contribution | No |

Principal Place of Business

| | |
|---------------------|--------------------|
| Address | 1101 W NORTH BLVD. |
| Suite, Apt. #, etc. | SUITE 1 |
| City, State | LEESBURG, FL |
| Zip Code & Country | 34748 |

Mailing Address

| | |
|---------------------|--------------------|
| Address | 1101 W NORTH BLVD. |
| Suite, Apt. #, etc. | SUITE 1 |
| City, State | LEESBURG, FL |
| Zip Code & Country | 34748 |

Name and Address of Registered Agent

| | |
|-----------------------------------|-----------------------------|
| Name (Last, First, Middle, Title) | ORTIZ, GEORGE |
| Address | 1515 E SILVER SPRINGS BLVD. |
| Suite, Apt. #, etc. | SUITE 128 |
| City, State | OCALA, FL |
| Zip Code & Country | 34470 US |
| Registered Agent Signature | |

Officer/Director Name and Address

| | |
|-----------------------------------|----------------------------|
| Title | PD |
| Name (Last, First, Middle, Title) | CASALASPRO, PASQUALE |
| Street Address | 1101 W NORTH BLVD., STE. 1 |
| City, State | LEESBURG, FL |
| Zip Code & Country | 34748 |

ATTACHMENT

60032808
~~# PD5000005549~~

Title ST
Name (Last, First, Middle, Title) CASALASPRO, PASQUALE
Street Address 1101 W NORTH BLVD., STE. 1
City, State LEESBURG, FL
Zip Code & Country 34748

Title VP
Name (Last, First, Middle, Title) WESTHOFF, DENNIS
Street Address 10590 S.W. 105TH AVENUE
City, State OCALA, FL
Zip Code & Country 34481

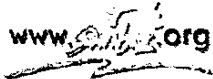
Title DP
Officer/Director Signature PASQUALE CASALASPRO

Continue

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)



ATTACHMENT
60032808
~~# P05000005549~~
Division of Corporations

Annual Report

Payment Page

Document Tracking # - 800067721258

Document Number # - P05000005549

The charge amount for your filing is \$158.75

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Start Over

Sunbiz Home Page

Annual Report Help