

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 030 ***150.00

DOCUMENT # P05000011061

1. Entity Name
DANNA FOOD & BEVERAGE, INC.



Principal Place of Business
**1958 SE PT. ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

Mailing Address
**1958 SE PT. ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

00011321



2. Principal Place of Business
1405 N. Beach St
Suite, Apt. #, etc.

3. Mailing Address
1405 N. Beach St
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State
Ormond Beach, FL
Zip
32174 Country
USA

City & State
Ormond Beach, FL
Zip
32174 Country
USA

4. FEI Number
20-2208774 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZOLO, JAMES
1958 SE PT. ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
Charles Kidd
Street Address (P.O. Box Number is Not Acceptable)
1405 N. Beach Street
City
Ormond Beach FL Zip Code
32174

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

4-10-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
RIZZOLO, JAMES
910 NW 11TH TERR.
STUART, FL 34994 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
SETTIPANI, STEVEN
2861 SE WILTSHIRE TERR.
PORT ST. LUCIE, FL 34952 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
RIZZOLO, JANET
1783 NW SHORE TERR.
STUART, FL 34994 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
PACE, DANA J
2861 SE WILTSHIRE TERR
PORT ST. LUCIE, FL 34952 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Treasurer
Charles Kidd
1405 N. Beach street
Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Secretary
William Wilson
8041 S.E. Orchard Street
Hobe Sound, FL 33455 ☐ Change ☒ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06 386.299.7550