

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 017 ***150.00

DOCUMENT # P05000122124

1. Entity Name
INTEGRATED FOOD EQUIPMENT SOLUTIONS, INC.



Principal Place of Business
4305 BEAU RIVAGE CIRCLE
LUTZ, FL 33558 US

Mailing Address
4305 BEAU RIVAGE CIRCLE
LUTZ, FL 33558 US

60035684



2. Principal Place of Business

3. Mailing Address

16528 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006

Chg-P

CR2E034 (11/05)

City & State

City & State

Tampa, FL

4. FEI Number

20-3447963

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

US

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

SANDERS, WALTER S
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Walter Sanders

Walter Sanders

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	P	<input type="checkbox"/> Delete
NAME	DE MATOS, DENNIS	
STREET ADDRESS	4305 BEAU RIVAGE CIRCLE	
CITY - ST - ZIP	LUTZ, FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dennis De Matos Dennis De Matos

Date

Daytime Phone #

4/26/06