


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000044609</b> 1. Entity Name CORK FOOD STORES, INC.	
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Principal Place of Business 3216 N. CORK RD. PLANT CITY, FL 33565	Mailing Address 3216 N. CORK RD. PLANT CITY, FL 33565
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**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3188927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

JOSEPH, ANIL K  
3216 N CORK ROAD  
PLANT CITY, FL 33565

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOSEPH, ANIL K 3216 N-CORK RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JOSEPH, LOVELY K 3216 N CORK ROAD PLANT CITY, FL 33565
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UD00000282981  
04/01/05-80008-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **3/15/05** **(813) 759-8001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #