

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P93000044609

1. Entity Name
CORK FOOD STORES, INC.



Principal Place of Business

3216 N. CORK RD.
PLANT CITY, FL 33565

Mailing Address

3216 N. CORK RD.
PLANT CITY, FL 33565



03312007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3188927

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000710744
04/25/07-80056-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOSEPH, ANIL K
STREET ADDRESS	3216 N-CORK RD.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	DS
NAME	JOSEPH, LOVELY K
STREET ADDRESS	3216 N CORK ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

ANIL K. JOSEPH

4/11/07

Date

(813) 759-8001

Daytime Phone #