

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90055 026 ***150.00

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000001281 1. Entity Name INTERNATIONAL FOOD PRODUCTS, INC.					
Principal Place of Business 916 WOODMONT LANE LAKELAND, FL 33813			Mailing Address 916 WOODMONT LANE LAKELAND, FL 33813		
2. Principal Place of Business 3214 Spinks Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3214 Spinks Rd <small>Suite, Apt. #, etc.</small>			
City & State Sebring, FL <small>Zip Country</small> 33870 USA		City & State Sebring, FL <small>Zip Country</small> 33870 USA		4. FEI Number 59-3221341	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONDELLO, THOMAS P 916 WOODMONT LANE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Thomas J. Simmons Street Address (P.O. Box Number is Not Acceptable) 3214 Spinks RD City Sebring FL Zip Code 33870		
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: Thomas J. Simmons 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP MONDELLO, THOMAS P 916 WOODMONT LANE LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomas J Simmons 3214 Spinks RD Sebring, FL <input checked="" 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	DS Betty L Simmons 3214 Spinks Rd. Sebring, FL <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: Thomas J Simmons <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/31/05 Daytime Phone # 863-385-8738		