


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 024 ***150.00

DOCUMENT # P94000085816

1. Entity Name
INGREDIENT SUPPLY CORPORATION



Principal Place of Business 5701 DOGWOOD DR ORLANDO, FL 32807 US	Mailing Address 5701 DOGWOOD DR ORLANDO, FL 32807 US
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94036227



DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3297087	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VAN HEEL, ALBERTO
 5701 DOGWOOD DR
 ORLANDO, FL 32807

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: *Alberto Van Heel* 3-24-04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P VAN HEEL, ALBERTO 5701 DOGWOOD DR ORLANDO, FL 32807
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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: *Alberto Van Heel* 3-24-04 (401)
201-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #