

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000049394

1. Entity Name
K & J FOOD STORE, INC.



Principal Place of Business
2043 GRAND BLVD
HOLIDAY, FL 34690-4546

Mailing Address
2043 GRAND BLVD
HOLIDAY, FL 34690-4546



02202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3322149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GANDHI, BHARATKUMAR C
2043 GRAND BLVD
HOLIDAY, FL 34690-4546

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GANDHI, BHARATKUMAR C
STREET ADDRESS 2043 GRAND BLVD
CITY-ST-ZIP HOLIDAY, FL 346904546

TITLE VSD
NAME GANDHI, NIRANJANABEN B
STREET ADDRESS 2043 GRAND BLVD
CITY-ST-ZIP HOLIDAY, FL 346904546

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000256738
03/09/05-80027-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-05

Date

720-937-6766

Daytime Phone #