

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 009 ***150.00

DOCUMENT # P95000066680

1. Entity Name

KANDAH INC.



Principal Place of Business

% SNAPPY FOOD STORES
2758 TROLLIE LANE
JACKSONVILLE FL 32211
US

Mailing Address

2758 TROLLIE LANE
JACKSONVILLE FL 32211
US

2. Principal Place of Business

3. Mailing Address

8429 DRAYTON PK. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL.

Zip

Country

Zip

32216

Country

US

4. FEI Number

59-3328839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANDAH, SAM
2758 TROLLIE LANE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KANDAH, SAM
STREET ADDRESS 2758 TROLLIE LANE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VPD ☐ Delete
NAME KANDAH, JOHN G
STREET ADDRESS 2758 TROLLIE LANE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE S ☐ Delete
NAME QANDAH, RAMIZ
STREET ADDRESS 3532 CRESSIA ST
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/05

904-743-4295

Date

Daytime Phone #