

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90261 027 ***158.75

DOCUMENT # P96000077880

1. Entity Name
ECONOMY RESTAURANT SUPPLY CO., INC.



Principal Place of Business
**5079 EDGEWATER DRIVE
ORLANDO, FL 32810**

Mailing Address
**5079 EDGEWATER DRIVE
ORLANDO, FL 32810**

2. Principal Place of Business
5059 Edgewater Drive
Suite, Apt. #, etc.

3. Mailing Address
5059 Edgewater Drive
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip
32810
Country
U.S.A.

City & State
Orlando, Florida
Zip
32810
Country
U.S.A.

01132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3400295

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EFFRON, B.D. JR.
5079 EDGEWATER DRIVE
ORLANDO, FL 32810**

7. Name and Address of New Registered Agent

Name

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

5013 Edgewater Drive

Orlando

FL

Zip Code

32810

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

4-20-2005

**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 **D** ☐ Delete
NAME **EFFRON, LOUIS R**
STREET ADDRESS **5079 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 **5013 Edgewater Drive**
CITY-ST-ZIP **Orlando, Florida 32810**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2005

Date

407-294-0300

Daytime Phone #