

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91238 003 ***150.00

DOCUMENT # P97000013088

1. Entity Name

OM FOOD & BEVERAGE SERVICE, INC.



Principal Place of Business

565 LAMSON TERRACE
DELTONA FL 32738

Mailing Address

565 LAMSON TERRACE
DELTONA FL 32738

2. Principal Place of Business

1594 SEMINOLE RUN RD

3. Mailing Address

1594 SEMINOLE RUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSTEEN FL

City & State

OSTEEN FL

Zip

32764

Country

USA

Zip

32764

Country

USA

4. FEI Number

59-3425242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

COMBS, STEVE
565 LAMSON TERRACE
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

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

1594 SEMINOLE RUN RD

City

OSTEEN

FL

Zip Code

32764

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, 2004 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 PSD ☐ Delete
NAME COMBS, STEVE
STREET ADDRESS 565 LAMSON TERRACE
CITY-ST-ZIP DELTONA FL 32738

TITLE VTD ☐ Delete
NAME COMBS, JYOTIBALA D
STREET ADDRESS 565 LAMSON TERRACE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 1594 SEMINOLE RUN RD
CITY-ST-ZIP OSTEEN FL 32764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1594 SEMINOLE RUN RD
CITY-ST-ZIP OSTEEN FL 32764

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

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

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 all other like empowered.

SIGNATURE:

Stephen E. Combs STEPHEN E. COMBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

407-758-0973
Daytime Phone #