

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000056536

1. Entity Name

FLORIDA'S FOOD EQUIPMENT DISTRIBUTOR, INC.



Principal Place of Business

2968 RAVENSWOOD ROAD
SUITE 111
FORT LAUDERDALE, FL 33312

Mailing Address

2968 RAVENSWOOD ROAD
SUITE 111
FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0226529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000105466
04/07/04-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME VEITCH, JAMES
STREET ADDRESS 2968 RAVENSWOOD ROAD SUITE 111
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE V
NAME VEITCH, JOHN
STREET ADDRESS 2968 RAVENSWOOD ROAD SUITE 111
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE S
NAME MALONEY, TOM
STREET ADDRESS 2968 RAVENSWOOD ROAD SUITE 111
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE S
NAME MALONEY, JAMES
STREET ADDRESS 2968 RAVENSWOOD ROAD SUITE 111
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #