2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000086492

1. Entity Name

C & Á FOOD SYSTEMS NO. 1, INC.



Principal Place of Business

5220 NORMANDY BLVD. JACKSONVILLE, FL 32205 Mailing Address

5220 NORMANDY BLVD. JACKSONVILLE, FL 32205 FILED Apr 28, 2004 08:00 AM Secretary of State



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2227914

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNINGTON, OSCAR E 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205

SIGNATURE: /

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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 tide 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		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNINGTON, OSCAR E 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205				000000137310 04/29/04-80034-019 1 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CANNINGTON, OSCAR E JR. 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205				0 17 EGY 01 00004 010 130100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CANNINGTON, PATRICIA A 5220 NORMANDY BLVD. JACKSONVILLE, FL 32205		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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.					