

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 046 ***150.00

DOCUMENT # P98000101655

1. Entity Name
FINE FOODS INTERNATIONAL, INC.



Principal Place of Business
**4115 LAMSON AVE.
SPRING HILL, FL 34608**

Mailing Address
**4115 LAMSON AVE.
SPRING HILL, FL 34608**

50043155



2. Principal Place of Business
4115 LAMSON AVENUE

3. Mailing Address
4115 LAMSON AVENUE

03192005 Chg-P CR2E034 (10/03)

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

4. FEI Number
59-3546323

Applied For
Not Applicable

Zip
34608

Country

Zip
34608

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEONI, FRED E
14426 MIDDLE FAIRWAY DR
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name
LEONI, FRED E.

Street Address (P.O. Box Number is Not Acceptable)
4115 LAMSON AVENUE

City
SPRING HILL

FL

Zip Code
34608

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 *x Fred Leoni*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *3/28/15*

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
LEONI, FRED E
14426 MIDDLE FAIRWAY DR
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
FOTI, CORRINE
14426 MIDDLE FAIRWAY DRIVE
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4115 LAMSON AVENUE
SPRING HILL, FL 34608** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4115 LAMSON AVENUE
SPRING HILL, FL 34608** ☒ Change ☐ Addition

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

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

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

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

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 or without other like empowered.

SIGNATURE: *x Fred Leoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/28/15*

Daytime Phone #