2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103037

1. Entity Name
VOLUSIA DISCOUNT FOODS, INC.

Principal Place of Business	Mailing Address
309 6TH ST. HOLLY HILL, FL 32117-3611	309 6TH ST. HOLLY HILL, FL 32117-3611

DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3553278
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, J. CARTER
120 E. CONCORD ST.
ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000115071
04/16/04-80009-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLADELAND, HARVEY L
STREET ADDRESS	309 6TH ST.
CITY-ST-ZIP	HOLLY HILL, FL 321173611
TITLE	TSD
NAME	PEREZ, MELINDA L
STREET ADDRESS	309 6TH AVE STREET
CITY-ST-ZIP	HOLLY HILL, FL 321173611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: x Harvey L Fladeland 14apr04 255-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #