

FILED
May 26, 2005 8:00 am
Secretary of State

04-26-2005 90176 035 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S99975		
1. Entity Name M & H FOOD STORES, INC.		
Principal Place of Business 2532 SR 17 S AVON PARK, FL 33825		Mailing Address 2532 SR 17 S AVON PARK, FL 33825
66019387 		
04182005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3095346		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PATEL, MEENA S. 2532 SR 17 S AVON PARK, FL 33825		
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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PATEL, MEENA S.	
STREET ADDRESS	4731 DARNELL DR.	
CITY-ST-ZIP	SEBRING, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE: <u>Meena S. Patel</u> <u>5-27-05</u> <u>863-453-9893</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		