

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V20175

1. Entity Name
SUPER CHOICE FOODS, INC.



Principal Place of Business
610 W. MEMORIAL BLVD.
LAKELAND, FL 33801

Mailing Address
610 W. MEMORIAL BLVD.
LAKELAND, FL 33801



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3123776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARKER, HAROLD E PA
5640 S FLORIDA AVE
LAKELAND, FL 33813

**DO NOT WRITE
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

U000000147646
05/03/04-80112-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAHA, DEAN
STREET ADDRESS 610 W. MEMORIAL BLVD.
CITY - ST - ZIP LAKELAND, FL

TITLE VDST
NAME ZAIED-TAHA, EMAD
STREET ADDRESS 610 W. MEMORIAL BLVD
CITY - ST - ZIP LAKELAND, FL

TITLE STD
NAME TAHA, EMAD
STREET ADDRESS 610 W MEMORIAL BLVD
CITY - ST - ZIP LAKELAND, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #