

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90219 034 ***158.75

DOCUMENT # V49906

1. Entity Name
BUD'S POULTRY & FOOD SERVICES, INC.



Principal Place of Business
**1702 JIM JOHNSON ROAD
PLANT CITY, FL 33566 US**

Mailing Address
**P.O. BOX 487
PLANT CITY, FL 33564-0487 US**

50052001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3132481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPERRY, BRUCE J
1003 ALEXANDER ST. S.
SUITE 1
PLANT CITY, FL 33566**

Name

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

City

FL

Zip Code

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, 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

**DP
BROWN, ORRIN G
1702 JIM JOHNSON ROAD
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DST
BROWN, CELINE
1702 JIM JOHNSON ROAD
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
BROWN, KEVIN G
1702 JIM JOHNSON ROAD
PLANT CITY, FL 33566**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 all other like empowered.

SIGNATURE:

Kevin Brown **KEVIN BROWN**

5/9/2005

813-752-7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #