
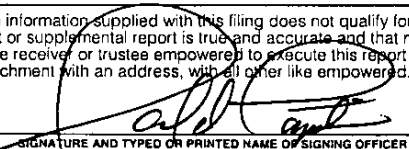


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90158 008 ***150.00

DOCUMENT # F01000006519			
1. Entity Name OVATIONS FOOD SERVICES, INC.			
Principal Place of Business 10012 N. DALE MABRY, STE 215 TAMPA, FL 33618		Mailing Address 10012 N. DALE MABRY, STE 215 TAMPA, FL 33618	
2. Principal Place of Business 244 CRYSTAL GROVE BLVD.		3. Mailing Address 244 CRYSTAL GROVE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
4. FEI Number 23-3035415		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WICKNER, TODD 10012 N. DALE MABRY, STE 215 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 244 CRYSTAL GROVE BOULEVARD City LUTZ FL Zip Code 33548	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUUKKO, PETER A 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LIPSTEIN, SANFORD A 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINBERG, PHILIP I 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 2/22/05 Daytime Phone #: 215-389-9480	

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