


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 271593	
1. Entity Name CONVENIENCE FOODS, INC.	

Principal Place of Business 5900 E IRLO BRONSON ST. CLOUD, FL 34771	Mailing Address 5900 E IRLO BRONSON ST. CLOUD, FL 34771
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1035951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARKE, JAMES H
5900 E IRLO BRONSON
ST CLOUD, FL 34771**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE VD	CORBETT, KAREN CLARKE
NAME	2470 BRONCO DRIVE
STREET ADDRESS	SAINT CLOUD, FL 34771
CITY-ST-ZIP	
TITLE PD	CLARKE, JAMES HENRY
NAME	5900 E. IRLO BRONSON HWY
STREET ADDRESS	SAINT CLOUD, FL 34771
CITY-ST-ZIP	
TITLE STD	CLARKE, LINDA DUMAS
NAME	5900 E. IRLO BRONSON HWY
STREET ADDRESS	SAINT CLOUD, FL 34771
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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03/05/08-80011-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Linda D. Clarke **Linda D. Clarke** 2/18/08 407-892-5324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #