


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 271593</b> 1. Entity Name <b>CONVENIENCE FOODS, INC.</b>	
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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 <b>59-1035951</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

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

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03/05/08-80011-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #