


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90242 012 \*\*\*150.00

**DOCUMENT # 297177**  
 1. Entity Name  
 NEBCO, INC. OF LAKELAND.



Principal Place of Business 215 MCDONALD STREET POST OFFICE BOX 2297 LAKELAND, FL 33806-9297	Mailing Address 215 MCDONALD STREET POST OFFICE BOX 2297 LAKELAND, FL 33806-9297
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1155239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 BURT, GEORGE R.  
 215 MCDONALD STREET  
 LAKELAND, FL 33806

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VDS BURT, JEAN O 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, GEORGE R 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONE, BEVERLY 215 MCDONALD ST LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANUTOLO, RUSSELL 215 MCDONALD ST LAKELAND, FL 33806
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 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: George R. Burt, Pres Date: 4-17-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE R. BURT