

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 323835

1. Entity Name
JUICE BOWL PRODUCTS, INC.



Principal Place of Business
**2090 BARTOW ROAD
LAKELAND, FL 33801**

Mailing Address
**P.O. BOX 1048
LAKELAND, FL 33802**



01102006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1195205

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000398562
01/31/06-80002-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WHITLOCK, JERRY
STREET ADDRESS	2150 N OCEAN BLVD, #52
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PTSD
NAME	ROSSO, PETER
STREET ADDRESS	8819 S LAKEWOOD CT
CITY-ST-ZIP	TULSA, OK 74137
TITLE	V
NAME	SACILOWSKI, WALTER
STREET ADDRESS	11633 S HUDSON CT
CITY-ST-ZIP	TULSA, OK 74137
TITLE	V
NAME	MOLLER, DAVID
STREET ADDRESS	2801 W OAKLAND
CITY-ST-ZIP	BROKEN ARROW, OK 74012
TITLE	V
NAME	SMITH, TED
STREET ADDRESS	9502 S COLLEGE CT
CITY-ST-ZIP	TULSA, OK 74137
TITLE	V
NAME	BISHOP, KEITH
STREET ADDRESS	3202 E MONTA PL
CITY-ST-ZIP	MUSKOGEE, OK 74403

**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: *Kuo S. Bully VP Corporate Controller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/16/06 (918) 478-7107