## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** Feb 26, 2007 08:00 AM **Secretary of State DOCUMENT #323835** 4. Entity Name JUICE BOWL PRODUCTS, INC. Principal Place of Business Mailing Address P.O. BOX 1048 2090 BARTOW ROAD LAKELAND, FL 33801 LAKELAND, FL 33802 No Cha-P CR2E034 (11/05) 02132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1195205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 famillar 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 100000646701 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Ú3/06/07-8Ú043-024 150.**0**0 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ,LE CD WHITLOCK, JERRY NAME STREET ADDRESS 2150 N OCEAN BLVD, #52 CITY-ST-ZIP BOCA RATON, FL 33431 PTSD TITLE ROSSO, PETER NAME STREET ADDRESS 8819 S LAKEWOOD CT CITY-ST-ZIP TULSA, OK 74137 SACILOWSKI, WALTER NAME STREET ADDRESS 11633 S HUDSON CT DO NOT WRITE CITY-ST-ZIP TULSA, OK 74137 IN THIS SPACE TITLE MOLLER, DAVID NAME 2901 W OAKLAND STREET ADDRESS CITY-ST-ZIP BROKEN ARROW, OK 74012 HILE NAME SMITH, TED

12. I hereby certify that the information supplied with this filling 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:

STREET ADORESS

CITY-ST-ZIP

THE NAME

9502 S COLLEGE CT

MUSKOGEE, OK 74403

**TULSA, OK 74137** 

BISHOP, KEITH WILL ADDRESS 3202 E MONTA PL

> UP Cosperate Consciller SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(918) 478-71.7

FILED

Keins D.