

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 323835

1. Entity Name
JUICE BOWL PRODUCTS, INC.



Principal Place of Business
**2090 BARTOW ROAD
LAKE LAND, FL 33801**

Mailing Address
**P.O. BOX 1048
LAKE LAND, FL 33802**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1195205	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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000940314
05/28/08-80061-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHITLOCK, JERRY 2150 N OCEAN BLVD, #52 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ROSSO, PETER 8819 S LAKEWOOD CT TULSA, OK 74137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SACILOWSKI, WALTER 11633 S HUDSON CT TULSA, OK 74137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLER, DAVID 2901 W OAKLAND BROKEN ARROW, OK 74012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, TED 9502 S COLLEGE CT TULSA, OK 74137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BISHOP, KEITH 3202 E MONTA PL MUSKOGEE, OK 74403
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

(918) 428-7107

Daytime Phone #

Keith D. Bishop