

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340025

Entity Name: MR. B. FOODS, INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

P O BOX 860119
ST AUGUSTINE, FL 320867119

New Principal Place of Business:

1805 US-1, SOUTH
ST AUGUSTINE, FL 320867119

Current Mailing Address:

P O BOX 860119
ST AUGUSTINE, FL 320867119

New Mailing Address:

FEI Number: 59-1227070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXLEY, JOHN C JR
403 PRINCE ROAD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BAXLEY JR., JOHN C.,
Address: 403 PRINCE ROAD
City-St-Zip: ST AUGUSTINE, FL 00000,

Title: S () Delete
Name: BAXLEY, V G
Address: 403 PRINCE RD
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. BAXLEY, JR.

PTD

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date