

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381487

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: FLAVORS FROM FLORIDA, INC.

## Current Principal Place of Business:

203 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 338309599

## New Principal Place of Business:

## Current Mailing Address:

203 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 338309599

## New Mailing Address:

FEI Number: 59-1346578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, LEROY  
2910 LAKE CT  
LAKELAND, FL 33813 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: D (X) Delete  
Name: COLETTI, ROBERT H.,  
Address: 310 HAMILTON SHORE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: PARKER, LEROY C III  
Address: 2910 LAKE CT  
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete  
Name: PRENDES, ROBERT K.,  
Address: 31302 FAIRWIN DRIVE  
City-St-Zip: BAY VILLAGE, OH 44140

Title: VP ( ) Delete  
Name: JAGER, NANCY L  
Address: 10369 WHITE ASH TRAIL  
City-St-Zip: TWINSBURG, OH 44087

Title: VP ( ) Delete  
Name: BENEWAIT, MIKE  
Address: 7593 PLEASANT VIEW DR  
City-St-Zip: PARMA, OH 44134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: LEROY PARKER

VP

01/31/2005

Electronic Signature of Signing Officer or Director

Date