

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381487

FILED
Feb 06, 2007
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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: 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

Title: VP () Delete
Name: MOLLIICK, JOHN
Address: 2835 LAKE MICHAELA
City-St-Zip: VALRICO, FL 33594

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:

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 MOLLIICK

VP

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date