

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381487

FILED  
Feb 12, 2009  
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: VP (X) Change ( ) Addition  
Name: BOCK, CARL  
Address: 2274F ANGELA DRIVE  
City-St-Zip: HINCKLEY, OH 44233

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

Title: VP (X) Change ( ) Addition  
Name: OVERHOLSER, MATTHEW  
Address: 3979 SUNNYWOOD CIRCLE  
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT K. PRENDES

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date