

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 464127**

1. Entity Name  
**JENCO FOODS, INC.**



Principal Place of Business

**2690 STIRLING RD  
HOLLYWOOD, FL 33020**

Mailing Address

**PO BOX 120625  
FORT LAUDERDALE, FL 33312-0011**



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1576550**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BIGGS, CHRISTOPHER N  
2825 SW 117TH AVENUE  
DAVIE, FL 33330**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BIGGS, CHRISTOPHER N.
STREET ADDRESS	2825 S.W. 117TH AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	VD
NAME	BEVERLY. F. BIGGS
STREET ADDRESS	2825 S.W. 117TH AVE.
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	D
NAME	CHRISTOPHER, BIGGS F.
STREET ADDRESS	2825 S.W. 117TH AVE.
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	SD
NAME	HANSEN, SUE ANN
STREET ADDRESS	1050 SW 52 AVE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VD
NAME	STEVENS, JEFFERY
STREET ADDRESS	1151 SCARBOROUGH AVE
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	COURTNEY, J. BIGGS
STREET ADDRESS	2825 SW 117TH AVENUE
CITY-ST-ZIP	DAVIE, FL 33330

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05/04/05-80092-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Sue Ann Hansen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-05* *954-321-9678*  
Date Daytime Phone #