2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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1. Entity Name

SYKES FINE FOODS, INCORPORATED



Principal Place of Business

Mailing Address

113 W JEFFERSON ST QUINCY, FL 32351 113 W JEFFERSON ST QUINCY, FL 32351



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1615960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SYKES, WENDY D 113 W JEFFERSON STREET QUINCY, FL 32351

QUINCY, FL

SYKES, D. WENDY

434 N 11TH ST

QUINCY, FL

DO NOT WRITE IN THIS SPACE

			1				
	named entity submits this statement for the pulions of registered agent.	rpose of changing its re	gistered	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A					gent signature required when reinetating) DATE		
FILE NOW!!!_FEE-IS-\$150.00——————————————————————————————————		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000606067 01/30/07-80064-002 150.00		
10. OFFICERS AND DIRECTORS		ORS			 		
TITLE	PD						
NAME	SYKES, D W		- 1	•			
STREET ADDRESS	STREET ADDRESS 434 NORTH 11TH STREET						
CITY-ST-ZIP	QUINCY, FL		t				
TITLE	D						
NAME	SYKES, BELLE		ŀ				
STREET ADDRESS	434 NORTH 11TH STREET						

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all given like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY ST-7IP

TITLE

NAME STREET ADDRESS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

CHATURE AND TYPES ON PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

1/25/57

Daytime Phone #