

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # 479691

1. Entity Name
SYKES FINE FOODS, INCORPORATED



Principal Place of Business
**113 W JEFFERSON ST
QUINCY, FL 32351**

Mailing Address
**113 W JEFFERSON ST
QUINCY, FL 32351**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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)

1000000792033
01/23/08-80100-021-158.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SYKES, D W
434 NORTH 11TH STREET
QUINCY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SYKES, BELLE
434 NORTH 11TH STREET
QUINCY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
SYKES, D. WENDY
434 N 11TH ST
QUINCY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 an address, with all other live empowered.

SIGNATURE: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/08** Daytime Phone # _____