

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State



DOCUMENT # 576887

1. Entity Name
SPRING GARDEN FOODS, INC.

Principal Place of Business 795 N. SPRING GARDEN DELAND FL 32720	Mailing Address 795 N. SPRING GARDEN DELAND FL 32720
--	--



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-2231142** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, CHARLES B.
2025 CHINABERRY LANE
DELAND FL 32720**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">P</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HILL, CHARLES B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2025 CHINABERRY LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELAND FL</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HILL, CHARLES B.		STREET ADDRESS	2025 CHINABERRY LANE		CITY - ST - ZIP	DELAND FL		<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	HILL, CHARLES B.																								
STREET ADDRESS	2025 CHINABERRY LANE																								
CITY - ST - ZIP	DELAND FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">V</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HILL, JAYNE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2025 CHINABERRY LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELAND FL</td> <td></td> </tr> </table>	TITLE	V	<input type="checkbox"/> Delete	NAME	HILL, JAYNE M		STREET ADDRESS	2025 CHINABERRY LANE		CITY - ST - ZIP	DELAND FL		<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete																							
NAME	HILL, JAYNE M																								
STREET ADDRESS	2025 CHINABERRY LANE																								
CITY - ST - ZIP	DELAND FL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									

U00000629828
02/19/07 80016-011-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Charles B. Hill* 2/1/07 386-740-8794
Signature and typed or printed name of signing officer or director Date Daytime Phone #