

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650090

FILED
Apr 13, 2007
Secretary of State

Entity Name: GILCHRIST SAUSAGE COMPANY

Current Principal Place of Business:

6266 NORTHEAST JACKSONVILLE ROAD
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

2530 NORTHEAST 95 ST
ANTHONY, FL 32617 US

New Mailing Address:

FEI Number: 59-2012035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JONNIE M.
6266 JACKSONVILLE ROAD
OCALA, FL 34479 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: PD () Delete
Name: THOMPSON, JONNIE M,
Address: 2530 NE 95TH ST.
City-St-Zip: ANYHONY, FL

Title: VD () Delete
Name: THOMPSON, TIM,
Address: 9401 NE 25TH AVE
City-St-Zip: ANTHONY, FL

Title: TD () Delete
Name: THOMPSON, MIKE,
Address: P O BOX 576/NA
City-St-Zip: ANTHONY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, JONNIE M,
Address: 2530 NE 95TH ST.
City-St-Zip: ANYHONY, FL 32617

Title: VD (X) Change () Addition
Name: THOMPSON, TIM,
Address: 9401 NE 25TH AVE
City-St-Zip: ANTHONY, FL 32617

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JONNIE M. THOMPSON

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date