## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 671147** 

FILED Apr 30, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA FOOD MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 1215 N. WOODLAND BLVD. 1215 N. WOODLAND BLVD. C/O MARY PROULX DELAND, FL 32721 DELAND, FL 32721 **Current Mailing Address: New Mailing Address:** 1215 N. WOODLAND BLVD. 1215 N. WOODLAND BLVD. C/O MARY PROULX DELAND, FL 32720 DELAND, FL 32720 FEI Number: 59-1999884 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROULX, MARY 1181 WILLA VISTA TRAIL MAITLAND, FL 32751 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PROULX, MARY, Name: Name: 1181 WILLA VISTA TR. Address: Address: City-St-Zip: MAITLAND, FL City-St-Zip: ( ) Delete Title: DS Title: () Change () Addition PROULX, MARY, Name: Name: 1181 WILLA VISTA TR. Address: Address: MAITLAND, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: MARY PROULX 04/30/2008