

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671147

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA FOOD MANAGEMENT, INC.

## Current Principal Place of Business:

1215 N. WOODLAND BLVD.  
DELAND, FL 32721

## New Principal Place of Business:

1181 WILLA VISTA TRAIL  
MAITLAND, FL 32751

## Current Mailing Address:

1215 N. WOODLAND BLVD.  
DELAND, FL 32720

## New Mailing Address:

1181 WILLA VISTA TRAIL  
MAITLAND, FL 32751

FEI Number: 59-1999884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROULX, MARY  
1181 WILLA VISTA TRAIL  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

PROULX, MARY  
1181 WILLA VISTA TRAIL  
MAITLAND, FL 32751 US

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: MARY PROULX

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PROULX, MARY  
Address: 1181 WILLA VISTA TR.  
City-St-Zip: MAITLAND, FL

Title: DS (X) Delete  
Name: PROULX, MARY  
Address: 1181 WILLA VISTA TR.  
City-St-Zip: MAITLAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PROULX, MARY  
Address: 1181 WILLA VISTA TR.  
City-St-Zip: MAITLAND, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: MARY PROULX

DP

04/08/2009

Electronic Signature of Signing Officer or Director

Date