2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841367

515 37 AVENUE NE

SAINT PETERSBURG, FL 33704

Address: City-St-Zip:

Entity Name: WARROO FOODS CORPORATION

FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
4358 GREAT LAKES DR. C/O JOHN WARR CLEARWATER, FL 33762				515 37TH AVE NE C/O DEBORAH THOMAS ST. PETERSBURG, FL 33704		
Current Mailing Address:				New Mailing Address:		
4358 GREAT LAKES DR. C/O JOHN WARR CLEARWATER, FL 33762				515 37TH AVE NE C/O DEBORAH THOMAS ST. PETERSBURG, FL 33704		
FEI Number:	: 34-1253929	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WARR, JOHN C 4358 GREAT LAKES DR. CLEARWATER, FL 33762 US				THOMAS, DEBORAH L 515 37TH AVE NE ST. PETERSBURG, FL 33704 US		
	named entity see of Florida.	submits this statement for the	purpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: DEBORAH L THOMAS				04/29/2009		
	Electron	ic Signature of Registered Ag	jent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WARR, JOHN C	AKES DR NORTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEBORAH, THO 515 37 AVENUE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () THOMAS, JAY	Delete		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DEBORAH L THOMAS STD 04/29/2009