


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 850272 Entity Name FLASH FOODS, INC.	
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Principal Place of Business 102 LEE AVENUE P.O. BOX 2149 WAYCROSS, GA 31502	Mailing Address 102 LEE AVENUE P.O. BOX 2149 WAYCROSS, GA 31502
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1364990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURGESS, GRANVILLE C.
303 CENTRE STREET, SUITE 200
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000203163 01/29/05-80019-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, JAMES C III CENTRAL AVE EXTENSION WAYCROSS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, JAMES A., JR. RIVER OAKS DR. BLACKSHEAR, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, J C JR BENT TREE RD BLACKSHEAR, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, PATRICK SEMINOLE SPRINGS DR WAYCROSS, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James A. Walker, Jr.* **01/19/05** **912-283-1641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #