

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850272

Entity Name: FLASH FOODS, INC.

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

215 PENDLETON STREET
P.O. BOX 2149
WAYCROSS, GA 31501

New Principal Place of Business:

215 PENDLETON STREET
WAYCROSS, GA 31501

Current Mailing Address:

215 PENDELTON STREET
P.O. BOX 2149
WAYCROSS, GA 31501

New Mailing Address:

FEI Number: 58-1364990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, GRANVILLE C.
303 CENTRE STREET, SUITE 200
FERNANDINA BEACH, FL 32034 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: C () Delete
Name: JONES, JAMES C III
Address: CENTRAL AVE EXTENSION
City-St-Zip: WAYCROSS, GA

Title: P () Delete
Name: WALKER, JAMES A., JR, .
Address: RIVER OAKS DR.
City-St-Zip: BLACKSHEAR, GA

Title: D () Delete
Name: JONES, J C JR
Address: BENT TREE RD
City-St-Zip: BLACKSHEAR, GA

Title: STD () Delete
Name: JONES, PATRICK
Address: SEMINOLE SPRINGS DR
City-St-Zip: WAYCROSS, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GREG M HIGGINSON

CFO

03/15/2007

Electronic Signature of Signing Officer or Director

Date