

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 854829

1. Entity Name
JERRY'S FOODS, INCORPORATED



Principal Place of Business
**1700 PERIWINKLE WAY
SANIBEL, FL 33957**

Mailing Address
**5101 VERNON AVENUE SOUTH
EDINA, MN 55436**



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0834686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENHAM, BRIAN
1700 PERIWINKLE WAY
SANIBEL, FL 33957**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	PAULSEN, GERALD A.
STREET ADDRESS	7008 DUBLIN RD
CITY-ST-ZIP	EDINA, MN 55439
TITLE	VPHR
NAME	GERDES, DAVID
STREET ADDRESS	715 WINDEMERE DRIVE
CITY-ST-ZIP	PLYMOUTH, MN 55441
TITLE	VP-F
NAME	DIXON, KENT D.
STREET ADDRESS	3276 30TH ST SE
CITY-ST-ZIP	BUFFALO, MN 55313
TITLE	VP-O
NAME	SLADE, LEONARD J
STREET ADDRESS	4904 MAPLE RD
CITY-ST-ZIP	EDINA, MN 55424
TITLE	P
NAME	SHADDUCK, ROBERT
STREET ADDRESS	CLEARWATER LAKE
CITY-ST-ZIP	ANNANDALE, MN 55302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80026-004 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Kent D. Dixon, VP-Finance** 5-407 952-928-1686