

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 854829

1. Entity Name
JERRY'S FOODS, INCORPORATED



FILED
Jul 11, 2008 08:00 AM
Secretary of State

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

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



07072008 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)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

DATE
**000000954392
07/11/08-80012-004 550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
PAULSEN, GERALD A.
7008 DUBLIN RD
EDINA, MN 55439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP HR
GERDES, DAVID
715 WINDEMERE DRIVE
PLYMOUTH, MN 55441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP-F
DIXON, KENT D.
3276 30TH ST SE
BUFFALO, MN 55313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP-O
SLADE, LEONARD J
4904 MAPLE RD
EDINA, MN 55424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHADDUCK, ROBERT
CLEARWATER LAKE
ANNANDALE, MN 55302**

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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kent D. Dixon VP-Finance 7-7-08 952.928-1698