2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001248

1. Entity Name
BIL-JAC FOODS INC.

Principal Place of Business	Mailing Address
3457 MEDINA ROAD MEDINA, OH 44256	3457 MEDINA ROAD MEDINA, OH 44256

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0703818
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, ROBERT W
STREET ADDRESS	4200 BEACH ROAD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VSD
NAME	KELLY, JAMES C
STREET ADDRESS	3915 WESTWOOD DRIVE
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VTD
NAME	KELLY, RAYMOND C
STREET ADDRESS	3885 WOODBERRY DRIVE
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	CFO
NAME	SANFORD, JO ANNE
STREET ADDRESS	4235 WEYMOUTH ROAD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	CD
NAME	KELLY, WILLIAM H
STREET ADDRESS	2047 GRANGER ROAD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80028-002 150.00

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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: Jo Anne Sanford 4/21/04 330-722-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #