

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F05000006368

1. Entity Name
CAROLINA FOOD CONCEPTS INC.



Principal Place of Business
**2316 KINGS RD EXTENSION
SHELBY, NC 28150**

Mailing Address
**2316 KINGS RD EXTENSION
SHELBY, NC 28150**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0811987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAJOR, JOHN
243 AUGUSTA AVE
DAVENPORT, FL 33837**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
MAJOR, JOHN
243 AUGUSTA AVE.
DAVENPORT, FL 33837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAJOR, PATSY R
243 AUGUSTA AVE
DAVENPORT, FL 33837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAJOR, DAVID
404 N WASHINGTON ST
SHELBY, NC 28150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000710341
04/25/07-80039-012 150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MAJOR

04/11/07

Date

(704) 487-4505

Daytime Phone #