

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004361

1. Entity Name  
NESSE FOODS, INC.

Principal Place of Business

1001 N. US HIGHWAY 1  
SUITE 711  
JUPITER, FL 33477 US

Mailing Address

1001 N. US HIGHWAY 1  
SUITE 711  
JUPITER, FL 33477 US

FILED

06 FEB -7 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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No Chg-P

CR2E034 (11/05)

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4. FEI Number  
95-4453600Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303DO 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, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	NESSE, HOWARD
STREET ADDRESS	1001 N US HWY 1
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	SD
NAME	NESSE, CANDACE
STREET ADDRESS	1001 N US HWY 1
CITY - ST - ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

1/24/06

Date

Daytime Phone #

5617485568