## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90207 034 \*\*\*158.75 DOCUMENT #F96000004893 JOHANNA FOODS, INC. **\*4003733**9 Principal Place of Business Mailing Address JOHANNA FARMS RD PO BOX 272 FLEMINGTON, NJ 08822 FLEMINGTON, NJ 08822 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 22-2973062 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADVANTAGE SALES & MARKETING Street Address (P.O. Box Number is Not Acceptable) 3444 N MEMORIAL HWY TAMPA, FL 33607 : : City Zip Code FL 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 Signatura, 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE X Change Addition NAME FACCHINA, ROBERT A NAME 5 BLUE BIRD CT STREET ADORESS STREET ADDRESS 40 Johanna Farms Road CITY-ST-ZIP FLEMINGTON, NJ 08822 CITY-ST-ZIP Detete TITLE Change ☐ Addition COOK, RICHARD A NAME NAME STREET ADDRESS 108 HOCKENBURY DR STREET ADDRESS CITY-ST-ZIP GLEN GARDNER, NJ 08826 CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Cook

2/26/08

(908) 788-2389

FILED

Daytime Phone #