


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F97000005271</b> 1. Entity Name CJ APPLE SAUCE, INC.	
--	---

Principal Place of Business 741 CENTRE VIEW BLVD. SUITE 100 CRESTVIEW HILLS, KY 41017	Mailing Address 741 CENTRE VIEW BLVD. SUITE 100 CRESTVIEW HILLS, KY 41017
--	--



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1223065	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SMITH, W C 741 CENTRE VIEW BLVD., SUITE 100 CRESTVIEW HILLS, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORKE, JAMES P 505 NORTH LAKESHORE DRIVE, APT. 1015 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KREGER, J D 741 CENTRE VIEW BLVD., SUITE 100 CRESTVIEW HILLS, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WERDEN, GEORGE 741 CENTRE VIEW BLVD CRESTVIEW HILLS, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000784888  
01/16/08-80073-014 150.00

**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.

<b>SIGNATURE:</b>  v.p. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-11-08 Date	859-331-3900 Daytime Phone #
--	-----------------	---------------------------------