

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # G12035

1. Entity Name

TRANSWORLD FOODS, INC.



Principal Place of Business

17879 SE 95TH ST RD
OAKLAHA FL 32179
US

Mailing Address

17879 SE 95TH ST RD
OKLAHA FL 32179
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2251125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEL, DARLENE V
17879 SE 95TH ST RD
OKLAHA FL 32179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Darlene V. Freel

3-29-08

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TD
FREEL, HERBERT PRES
17879 SE 95TH ST RD
OKLAHA FL 32179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PS
FREEL, DARLENE V
17879 SE 95TH ST RD
OKLAHA FL 32179

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Darlene V. Freel Darlene V. Freel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-08/352 2885607

Date

Daytime Phone #