


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # G81207	
1. Entity Name NETTERFIELD'S POPCORN & LEMONADE, INC.	

Principal Place of Business 6119 THOMAS CIR POST OFFICE BOX 1438 LAND O' LAKES, FL 34639-1438	Mailing Address P O BOX 1438 LAND O' LAKES, FL 34639 US
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DO NOT WRITE IN THIS SPACE



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2378326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NETTERFIELD, ANNE M
6119 THOMAS CIRCLE
~~6119 THOMAS CIRCLE~~
LAND O' LAKES, FL 34635**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETTERFIELD, ALBERT M. 6119 THOMAS CIRCLE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NETTERFIELD, ANNE M. 6119 THOMAS CIRCLE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NETTERFIELD, RONALD 6035 THOMAS CIRCLE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NETTERFIELD, KIMBERLY A 6035 THOMAS CIRCLE LAND O' LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/08-80011-011 150.00

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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: Anne M. Netterfield, Secy 2/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anne M. Netterfield Date Daytime Phone #