

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H29945 1. Entity Name EASTERN POTATO DEALERS, INC.					
Principal Place of Business 500 S. OCEAN BLVD SUITE 908 BOCA RATON FL 33432			Mailing Address 500 S. OCEAN BLVD SUITE 908 BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2466334	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZAHLER, JO ANN 500 S OCEAN BLVD. STE. 908 BOCA RATON FL 33432				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of you signed agent and title, if applicable. If Officer, Registered Agent signature required when registering.					
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-ST-ZIP	PD ZAHLER, JO ANN 500 S. OCEAN BLVD. #908 BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAHLER, JO ANN 500 S. OCEAN BLVD. #908 BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAHLER, KENNETH 123 MAPLE AVE. RIVERHEAD NY 11901	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <i>Jo Ann Zahler</i> Jo Ann Zahler 1-25-08 561 955 8500					