


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L70465 1. Entity Name PRIN-DOR FOODS, INC.	
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Principal Place of Business 102 E MOODY BLVD PO BOX 1940 BUNNELL, FL 32110	Mailing Address 102 E MOODY BLVD PO BOX 1940 BUNNELL, FL 32110
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04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3012203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PADGETT, JAMES L 10 CENTRAL AVENUE CRESCENT CITY, FL 32112

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 rechartering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRINGLE, BARBARA S 11151 CR 305 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EMERY, CONNIE N RT 1 BOX 31-A BUNNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRINGLE, JAMES W 550 DAYTONA AVE. HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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04/22/05-80106-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara S. Pringle 4/19/05 1-386-437-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #