

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L70465

1. Entity Name
PRIN-DOR FOODS, INC.



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

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3012203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000597691
01/24/07-80045-010 150.00

**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.

SIGNATURE:

Barbara S. Pringle - BARBARA S. PRINGLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/07

Daytime Phone #

1-386-437-2000