

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L79057

1. Entity Name
FANTIS FOODS OF FLORIDA, INC.



Principal Place of Business
**FANTIS FOODS OF FLORIDA INC.
3399 118TH AVENUE NORTH
ST. PETERSBURG, FL 33716**

Mailing Address
**60 TRIANGLE BLVD
CARLSTADT, NJ 07072 US**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012933	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

**GIAMBAZVO, JOSEPH ESQ
1012 DREW ST.
CLEARWATER, FL 34615**

**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

U00000633741
02/21/07-80074-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAKRIS, GEORGE
STREET ADDRESS	60 TRIANGLE BLVD.
CITY-ST-ZIP	CARLSTADT, NJ 07072

TITLE	D
NAME	MAKRIS, STEVE
STREET ADDRESS	60 TRIANGLE BLVD.
CITY-ST-ZIP	CARLSTADT, NJ 07072

TITLE	D
NAME	MAKRIS, JERRY G
STREET ADDRESS	60 TRIANGLE BLVD.
CITY-ST-ZIP	CARLSTADT, NJ 07072

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26.07

201-842-9774