


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90042 001 *****8.75
02-01-2007 90042 002 *****61.25

DOCUMENT # N05000010866	
1. Entity Name	
J. & W. FOOD TRANSFER INC.	

Principal Place of Business	Mailing Address
1121 S. 14TH CT. LAKE WORTH FL 33460	1121 S. 14TH CT. LAKE WORTH FL 33460

2. Principal Place of Business, No P.O. Box # 1121 S. 14th Ct.	3. Mailing Address
Suite, Apt. #, etc. LAKE WORTH FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33460	Country Palm Beach



1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
PHILIPPE, JEFF 1121 S. 14TH CT. LAKE WORTH FL 33460	
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: *Jeff Philippe* (Signature, typed or printed name of registered agent or if not applicable. (NOTE: Registered Agent signature required when reinstating)) DATE:

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME PHILIPPE, JEFF STREET ADDRESS 1121 S. 14TH CT. CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENARD, WISLY STREET ADDRESS 1121 S. 14TH CT. CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Jeff Philippe* (Signature and typed or printed name of signing officer or director) Date: Daytime Phone #: