

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 SEP 29 PM 3:49

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000010866

1. Entity Name
J. & W. FOOD TRANSFER INC.



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

Mailing Address
1121 S. 14TH CT.
LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
30-0479061
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPPE, JEFF
1121 S. 14TH CT.
LAKE WORTH, FL 33460

**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

Jeff Philippe
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILIPPI, JEFF
STREET ADDRESS	1121 S. 14TH CT.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	MENARD, WISLY
STREET ADDRESS	1121 S. 14TH CT.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900136438479
09/29/08--01063--001 **61.00

900136438479
09/29/08--01063--002 **0.25

**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 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

09/17/08

Daytime Phone #