

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05409

FILED
Apr 28, 2007
Secretary of State

Entity Name: FLORIDA GROCERY MANUFACTURERS' REPRESENTATIVES, INC.

Current Principal Place of Business:

5118 N 56TH ST
SUITE 136
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5118 N 56TH ST
SUITE 136
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-2452572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABARBERA, MICHAEL D.
1907 W. KENNEDY BLVD.
TAMPA, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GAIL, TAMMY
Address: 2085 COUNTY RD 753 SOUTH
City-St-Zip: WEBSTER, FL 33597

Title: VP () Delete
Name: PASKERT, D
Address: 9318 FLORIDA PALM DR
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: DYER, LINDA
Address: 12529 DAWN VISTA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: P () Delete
Name: JENKINS, FERRELL
Address: 5118 N 56TH ST - STE 136
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: GRIFFIN, CINDY
Address: 3025 WHITTEN RD
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: MCQUEEN, BOBBY
Address: 2515 DRANE FIELD RD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERRELL JENKINS

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date