


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000008953	
1. Entity Name EUROPEAN FOODS, INC.	

Principal Place of Business 1002 HWY 17 S. SATSUMA, FL 32189	Mailing Address 308 COVE DR. SATSUMA, FL 32189
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629605	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 NICHOLSON, CAROLYN H 308 COVE DR. SATSUMA, FL 32189
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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 Carolyn H. Nicholson VP Carolyn H. Nicholson 01-06-06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLSON, JAMES D 308 COVE DR. SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLSON, CAROLYN H 308 COVE DR. SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, SANDRA M P.O. BOX 226 SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/06-80022-007 150.00

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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: Carolyn H. Nicholson (Carolyn H. Nicholson) VP. 01-06-06 386-649409X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #