

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000015824

1. Entity Name
KJ FRESH FOODS, INC.



Principal Place of Business
**1500 E. MERRITT ISLAND HIGHWAY
MERRITT ISLAND, FL 32953**

Mailing Address
**JAMES MORRILL
543 JILLOTUS STREET
MERRITT ISLAND, FL 32952**



05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1572556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRILL, JAMES
543 JILLOTUS STREET
MERRITT ISLAND, FL 32952**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MORRILL, JAMES G**
STREET ADDRESS **543 JILLOTUS STREET**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **VP**
NAME **MORRILL, KIM**
STREET ADDRESS **543 JILLOTUS STREET**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **S**
NAME **MORRILL, JILL**
STREET ADDRESS **1217 POTOMAC DR.**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **T**
NAME **MORRILL, ROBERT D**
STREET ADDRESS **1217 POTOMAC DRIVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000367652
05/19/05-80004-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James Morrill* **JAMES MORRILL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-05 **321 452-9711**
Date Daytime Phone #