

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 048 ***150.00

DOCUMENT # P00000107310 1. Entity Name CRIM'S SPECIALTY FOOD, INC.			
Principal Place of Business 5208 RICKER ROAD JACKSONVILLE, FL 32210		Mailing Address 6208 RICKER RD JACKSONVILLE, FL 32210	
2. Principal Place of Business - No P.O. Box # 5208 RICKER ROAD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5208 RICKER ROAD <small>Suite, Apt. #, etc.</small>	
City & State JACKSONVILLE FL		City & State JACKSONVILLE	
Zip 32210	Country DUVAL	Zip 32210	Country DUVAL
4. FEI Number 52-2278279		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIM, JAMES 310 FOXRIDGE ROAD ORANGE PARK, FL 32065		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRIM, JAMES 310 FOXRIDGE RD. ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James Crim</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/15/07 904-771-5757 <small>Date Daytime Phone #</small>	

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