

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016826

Entity Name: D & R FOODS, INC.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

7419 US HWY 301 S.  
RIVERVIEW, FL 33569

## New Principal Place of Business:

## Current Mailing Address:

7419 US HWY 301 S.  
RIVERVIEW, FL 33569

## New Mailing Address:

FEI Number: 59-3723852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEVILLE, ROSEMARIE  
11604 GROVE ARCADE DR.  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

NEVILLE, ROSEMARIE  
2909 BARCELONA #306  
TAMPA, FL 33629 US

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

04/19/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: NEVILLE, ROSEMARIE  
Address: 11604 GROVE ARCADE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DVPS ( ) Delete  
Name: NEOILLE, DANA A  
Address: 11604 GROVE ARCADE  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: NEVILLE, ROSEMARIE  
Address: 2909 BARCELONA #306  
City-St-Zip: TAMPA, FL 33629

Title: DVPS (X) Change ( ) Addition  
Name: NEVILLE, DANA A  
Address: 4523 W. GRAY ST.  
City-St-Zip: TAMPA, FL 33609

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE P NEVILLE

DPT

04/19/2009

Electronic Signature of Signing Officer or Director

Date