

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070442

Entity Name: D & M FOOD OF JAX, INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

105 NATURE WALK PARKWAY
ST AUGUSTINE, FL 32092 US

Current Mailing Address:

105 NATURE WALK PARKWAY
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

105 NATURE WALK PARKWAY
101
ST AUGUSTINE, FL 32092 US

New Mailing Address:

105 NATURE WALK PARKWAY
101
ST AUGUSTINE, FL 32092 US

FEI Number: 59-3731806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETE ORLANDO, CPA, PA
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MIHAESI, MIKE M PD
9014 MORNINGTON DR
JACKSONVILLE, FL 32257 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: MIKE MIHAESI

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIHAESI, MIRCEA
Address: 9014 MORNINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VD () Delete
Name: GALILEI, PERLINA
Address: 9014 MORNINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIHAESI, MIKE M
Address: 9014 MORNINGTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

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

SIGNATURE: MIKE MIHAESI

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date