

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000122417**

**1. Entity Name**  
**FLAVOURS OF FRANCE INC.**



**Principal Place of Business**  
**54 MAIN ST**  
**ROSEMARY, FL 32461**

**Mailing Address**  
**54 MAIN ST**  
**ROSEMARY, FL 32461**

**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**33-1007543**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**103 N. MERIDIAN STREET**  
**TALLAHASSEE, FL 32301-0000**

**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**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ELIZABETH HAWLEY, MARCIA</b>
<b>STREET ADDRESS</b>	<b>42 GARRISON VILLAGE DR, NIGARA ON LAKE</b>
<b>CITY-ST-ZIP</b>	<b>ONTARIO CANADA LOS 1J0,</b>
<b>TITLE</b>	<b>VS</b>
<b>NAME</b>	<b>RYAN HAWLEY, JOHN</b>
<b>STREET ADDRESS</b>	<b>42 GARRISON VILLAGE DR, NIGARA ON LAKE</b>
<b>CITY-ST-ZIP</b>	<b>ONTARIO CANADA LOS 1J0,</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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03/28/05-80045-022 150.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-05**

**Date**

**Daytime Phone #**