

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000091444

1. Entity Name
GOURMET FOODS & PRODUCTS, INC.



Principal Place of Business
**136 PATTERSON DRIVE
AUBURNDAL, FL 33823**

Mailing Address
**136 PATTERSON DRIVE
AUBURNDAL, FL 33823**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0560275	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, MAX P SR.
136 PATTERSON DRIVE
AUBURNDAL, FL 33823**

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUNCAN, MAX P SR.
STREET ADDRESS	136 PATTERSON DRIVE
CITY-ST-ZIP	AUBURNDAL, FL 33823

TITLE	DV
NAME	SHUMATE, DAVID D
STREET ADDRESS	329 W. BRIDGERS AVENUE
CITY-ST-ZIP	AUBURNDAL, FL 33823

TITLE	DST
NAME	HAMMOND, JAMES S
STREET ADDRESS	1035 MEDINAH DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *James S. Hammond / Sec. Treas.* 04-27-06 863-967-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #