## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

## May 02, 2007 08:00 AM **DOCUMENT # P03000000159** Secretary of State 1. Entity Name FOOD FOR THOUGHT OF HIGHLANDS COUNTY, INC. Principal Place of Business Mailing Address 4664 RACHAEL DRIVE **4664 RACHAEL DRIVE** SEBRING, FL 33872 SEBRING, FL 33872 No Chg-P CR2E034 (11/05) 04152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1146079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNAPP, DONALD R JR. DO NOT WRITE 4664 RACHAEL DRIVE SEBRING, FL 33872 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D U00000754818 05/22/07-80075-014 150.00 SNAPP, DONALD R JR. NAME STREET ADDRESS 4664 RACHAEL DRIVE CITY-ST-ZIP SEBRING, FL 33872 TITLE SNAPP, BARBARA NAME STREET ADDRESS 4664 RACHAEL DRIVE CITY-ST-ZIP SEBRING, FL 33872 TITLE SNAPP, SEAN NAME STREET ADDRESS 4417 RACHAEL DRIVE DO NOT WRITE CITY-ST-ZIP SEBRING, FL 33872 TITLE IN THIS SPACE NAME STREET ADDRESS City-St-7iP TITLE

FILED

12. I hereby certify that the information supplied with this filling 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 affacting that the information indicated on this report of the corporation or the receiver of 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 affacting that I am an officer or director.

SIGNATURE: SIGNATURE AND TYPED OR PROPER OF SIGNING OFFICER OR DIRECTOR Date Dayline Proper 8