

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90212 003 ***150.00

DOCUMENT # P03000002467 1. Entity Name DISCOUNT FOODS, INC.																													
Principal Place of Business 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884				Mailing Address 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 45-0501035				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Delete PD ALLEN, JAMES R 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884 </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete S ALLEN, JAMES T 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884 </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete T ALLEN, CHRISTOPHER S 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884 </td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> </table>			TITLE	<input type="checkbox"/> Delete PD ALLEN, JAMES R 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884	TITLE	<input type="checkbox"/> Delete S ALLEN, JAMES T 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884	TITLE	<input type="checkbox"/> Delete T ALLEN, CHRISTOPHER S 1112 11TH CT. N.E. 905 HART LAKE CT. WINTER HAVEN, FL 33884	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP </td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP
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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: <u>Roy Allen</u> Roy ALLEN 2-29-08 (863) 287-1746																													