



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90019 026 \*\*\*158.75

<b>DOCUMENT # P03000005868</b> 1. Entity Name <b>UNCLE MATT'S FRESH, INC.</b>					
Principal Place of Business <b>1380 GRAND HIGHWAY SUITE 200 CLERMONT, FL 34711</b>			Mailing Address <b>P.O. BOX 120389 CLERMONT, FL 34712</b>		
2. Principal Place of Business <b>1000 E. Highway 50</b> Suite, Apt. #, etc. <b>SUITE B</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Clermont, FL</b>		City & State 		4. FEI Number <b>02-0666039</b>	
Zip <b>34711</b>		Country <b>Late</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HOWELL, ALEX 1380 GRAND HIGHWAY SUITE 200 CLERMONT, FL 34711</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 E. Highway 50</b> <b>SUITE B - 2ND Floor</b> City <b>Clermont</b> <b>FL</b> Zip Code <b>34711</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, MATT <del>1380 GRAND HIGHWAY SUITE 200</del> <del>CLERMONT, FL 34711</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McLean, MATT 10311 Smokerisc Lake Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, ALEX <del>1380 GRAND HIGHWAY SUITE 200</del> <del>CLERMONT, FL 34711</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howell, Alexander 17757 Champagne Drive Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, JR., W.B. <del>1380 GRAND HIGHWAY SUITE 200</del> <del>CLERMONT, FL 34711</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McLean, Jr W.B. 20574 Sugar Loaf Mount Rd Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, III, W.B. <del>1380 GRAND HIGHWAY SUITE 200</del> <del>CLERMONT, FL 34711</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McLean, III W.B. 17514 Cobblestone Lane Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Matt McLean</u> <b>3/29/05</b> <b>(352) 394-8737</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					