2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016905

1. Entity Name
LUNCHBOX ONE, INC.

Principal Place of Business	Mailing Address
2968 BRACCI DR.	2968 BRACCI DR.
ST. JAMES CITY, FL 33956	ST. JAMES CITY, FL 33956

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0742619	Not Applicable

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

6. Name and Address of Current Registered Agent

GIELBEDA, JEAN
2968 BRACCI DR.
ST. JAMES CITY, FL 33956

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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 _Jean Mielbeda_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 01/12/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGLOIN, BARBARA
STREET ADDRESS	2968 BRACCI DR.
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	VD
NAME	MCGLOIN, EDWARD
STREET ADDRESS	2968 BRACCI DR.
CITY-ST-ZIP	ST. JAMES CITY, FL 33956

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Barbara McGloin_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/9/07   Daytime Phone # 239-282-2277