


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000018468	
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1. Entity Name
CFH FOOD GROUP, INC.

Principal Place of Business
HIGHWAY A1A AND INTRACOASTAL WATERWAY
FERNANDINA BEACH, FL 32035

Mailing Address
POST OFFICE BOX 1978
FERNANDINA BEACH, FL 32035



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0502363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, GARY
4768 WADE PLACE
FERNANDINA BEACH, FL 32034

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000554484
05/15/06-80087-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLT, GARY POST OFFICE BOX 491 YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CARTER, C. BRETT POST OFFICE BOX 1947 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FISHER, ROBERT P POST OFFICE BOX 1947 FERNANDINA BEACH, FL 32035
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**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: Robert P. Fisher **ROBERT P. FISHER (SECRETARY)** 4-18-06 904-261-6185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone