2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060071

1. Entity Name

EZRA FINE FOODS, INC.



FILED Jan 31, 2008 08:00 A Secretary of State

Applied For

Not Applicable

Principal Place of Business

Mailing Address

5629 MANATEE AVE. WEST BRADENTON, FL 34209 5629 MANATEE AVE. WEST BRADENTON, FL 34209



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1195172

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASON, DONNA D 5629 MANATEE AVE. WEST BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

2,0,22,11	S.N. / 2 0.200			IN	THIS SPACE
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	l Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD EASON, DONNA D 5503 4TH AVE., N.W. BRADENTON, FL 34209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, CAROLINE 5629 MANATEE AVE. WEST BRADENTON, FL 34209				000000887051 02/06/08-80067-007 150.00
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME					

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:

STREET ADDRESS City-St-Zip

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/08

941-192-0990

Daytima Phone