



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P04000024694 1. Entity Name STEPHENS FOODS, INC.	
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Principal Place of Business 1712 S. E. HIGHWAY 19 CRYSTAL RIVER, FL 34429	Mailing Address 1712 S. E. HIGHWAY 19 CRYSTAL RIVER, FL 34429
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DO NOT WRITE IN THIS SPACE


02212008 No Chg-P CR2E034 (11/05)
4. FEI Number
20-0683102
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**STEPHENS, TIMOTHY M
1712 S. E. HIGHWAY 19
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

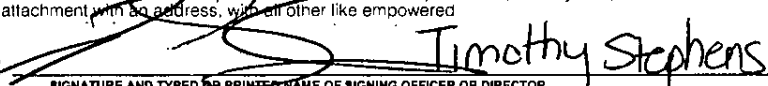
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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	U00000862886 04/03/08-80070-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STEPHENS, TIMOTHY M 6087 W. WOODSIDE CIRCLE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENS, DEBORAH 6087 W. WOODSIDE CIRCLE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 person 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:  **Timothy Stephens** **3/18/08** **352 7958884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #