

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

05-02-2006 90211 020 ***158.75

DOCUMENT # P05000012702 1. Entity Name NEDP FOODS, INC.					
Principal Place of Business 1101 W NORTH BLVD. SUITE 1 LEESBURG, FL 34748 US			Mailing Address 1101 W NORTH BLVD. SUITE 1 LEESBURG, FL 34748 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. Filing Number <div style="font-size: 1.5em; font-weight: bold;">22-2210327</div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
B. 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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			9.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P CASALASPRO, PASQUALE 1101 W NORTH BLVD., SUITE 1 LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T CASALASPRO, PASQUALE 1101 W NORTH BLVD., SUITE 1 LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <div style="float: right; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">4/20/06</div> <div style="font-size: 1.2em;">(313) 728-8842</div> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66021199

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Division of Corporations

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Document Number

P05000012702

Business Entity Name

NEDP FOODS, INC.

FEI Number

202210327

FEI Number States

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 1101 W NORTH BLVD.
Suite, Apt. #, etc. SUITE 1
City, State LEESBURG FL
Zip Code & Country 34748 US

Mailing Address

Address 1101 W NORTH BLVD.
Suite, Apt. #, etc. SUITE 1
City, State LEESBURG FL
Zip Code & Country 34748 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) ORTIZ, GEORGE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1515 E SILVER SPRINGS BLVD.

Suite, Apt. #, etc. SUITE 128
City, State OCALA FL
Zip Code & Country 34470 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

#P058000012702

entity, an individual must sign on their behalf. A business entity cannot serve as its own R.A.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.851.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D, P
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1101 W NORTH BLVD., SUITE 1
City, State LEESBURG FL
Zip Code & Country 34748 US

Title S, T
Name (Last, First, Middle, Title) CASALASPRO PASQUALE

- OR -

Entity Name to serve as
Officer/Director

Street Address 1101 W NORTH BLVD., SUITE 1
City, State LEESBURG FL
Zip Code & Country 34748 US

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

ATTACHMENT

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PDS000012702

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature **Pasquale Casalaspro**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true

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NEDP FOODS, INC. 66021199

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Document Number	P05000012702
Business Entity Name	NEDP FOODS, INC.
FEI Number	202210327
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	1101 W NORTH BLVD.
Suite, Apt. #, etc.	SUITE 1
City, State	LEESBURG, FL
Zip Code & Country	34748 US

Mailing Address

Address	1101 W NORTH BLVD.
Suite, Apt. #, etc.	SUITE 1
City, State	LEESBURG, FL
Zip Code & Country	34748 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	ORTIZ, GEORGE
Address	1515 E SILVER SPRINGS BLVD.
Suite, Apt. #, etc.	SUITE 128
City, State	OCALA, FL
Zip Code & Country	34470 US
Registered Agent Signature	

Officer/Director Name and Address

Title	D, P
Name (Last, First, Middle, Title)	CASALASPRO, PASQUALE
Street Address	1101 W NORTH BLVD., SUITE 1
City, State	LEESBURG, FL
Zip Code & Country	34748 US

Division of Corporations

ATTACHMENT

66021199

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Title S,T
Name (Last, First, Middle, Title) CASALASPRO, PASQUALE
Street Address 1101 W NORTH BLVD., SUITE 1
City, State LEESBURG, FL
Zip Code & Country 34748 US

Title PD
Officer/Director Signature PASQUALE CASALASPRO

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