2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045812

Entity Name: WILL-KRIS FOODS, INC

City-St-Zip:

FILED Mar 21, 2008 Secretary of State

Entity Nai	me: VVILL-KR	IS FOODS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
18680 BLU QUINCY, F	JE STAR HWY FL 32351	•				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1508 MARIANNA, FL 32447				18680 BLUE STAR HWY QUINCY, FL 32351		
FEI Number:	: 20-2579123	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	of New Registered Agent:	
4450 LAFA	ANT, FRANK E AYETTE STRE A, FL 32446					
The above in the State	named entity of Florida.	submits this statement for th	ne purpose of changing i	its registere	ed office or registered agent, or both,	
SIGNATU						
Flection Car		nic Signature of Registered g Trust Fund Contribution ().	Agent		Date	
	S AND DIREC	- , ,	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name:	D (MCDANIEL, KE) Delete Win	Title: Name:		() Change () Addition	
Address:	7280 HWY 90	- 411.4	Address:			
City-St-Zip:	GRAND RIDGE	E, FL 32442	City-St-Zip:			
Title:	VP () Delete	Title:	VP/D	(X) Change () Addition	
Name:	MOORE, ROY	•	Name:	MOORE, RO		
Address:	4006 HARPER		Address:		ERS FERRY DR	
City-St-Zip:	TALLAHASSEE	F, FL 32308	City-St-Zip:	TALLAHASS	SEE, FL 32308	
Title:	() Delete	Title:	T/D	() Change (X) Addition	
Name:			Name:	GREEN, TH	IOMAS E	
Address:			Address:	4008 SWE	ET POND ROAD	
City-St-Zip:			City-St-Zip:	SNEADS, F		
Title:	() Delete	Title:	S/D	() Change (X) Addition	
Name:			Name:	GREEN, DI	ANNE S	
Address:			Address:	4008 SWEE	ET POND ROAD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: SNEADS, FL 32460

SIGNATURE: DIANNE S. GREEN S/D 03/21/2008