

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 025 ***150.00

DOCUMENT # P05000138288

1. Entity Name

FLORIDA CRACKERS F & P, INC.



Principal Place of Business

28343 CORTEZ BLVD
BROOKSVILLE FL 34602

Mailing Address

28343 CORTEZ BLVD
BROOKSVILLE FL 34602

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

397 Hancock Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville FL

Zip

Country

Zip

Country

34602

4. FEI Number

20-3683297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, JOHN H
28343 CORTEZ BLVD
BROOKSVILLE FL 34602

Name

Street Address (P.O. Box Number is Not Acceptable)

397 Hancock Lake Rd.

City

Brooksville

FL

Zip Code

34602

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WELCH, ROBBIE A
CITY-ST-ZIP PO BOX 282
TRILBY FL 33593

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 397 Hancock Lake Rd.
CITY-ST-ZIP Brooksville, FL 34602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robbie A Welch
Robbie A Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

813-690-3249

Date

Daytime Phone