## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000011311

Title:

Name:

Address:

City-St-Zip:

TREA

SEARS, JOHN

MURRIETA, CA 92563

() Delete

26414 ARBORETUM WAY #2604

Entity Name: BEMIS AND JAMES GOURMET INC

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	10DORE STRE TER, FL 33755					
Current Mailing Address:		New Mailing Address:				
	ODORE STRE ER, FL 33755					
FEI Number: 2	0-4158912	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Ce	rtificate of Status Desir	ed ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1623 N HIGI	ERVICE TAX 8 HLAND AVE ER, FL 33755	ACCOUNTING US				
T						
in the State		bmits this statement for the purp	ose of changing it	s registered office	e or registered agent	, or both,
	of Florida. ≣:		ose of changing it	s registered office		, or both,
in the State	of Florida.  Electronic	bmits this statement for the purp Signature of Registered Agent Frust Fund Contribution ( ).	oose of changing it	s registered office	e or registered agent Date	, or both,
in the State of SIGNATURE	of Florida.  Electronic	Signature of Registered Agent  Frust Fund Contribution ( ).				
in the State of SIGNATURE Election Camp OFFICERS Title: Name: Address:	of Florida.  Electronic  paign Financing 1	Signature of Registered Agent  Frust Fund Contribution ( ).  ORS:  Belete  AEL  RE STREET		S/CHANGES TO	Date	
in the State of SIGNATURE  Election Camp  OFFICERS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	of Florida.  Electronic  caign Financing 1  AND DIRECTO  PRES () D  LASSITER, MICH, 1104 COMMODO	Signature of Registered Agent Frust Fund Contribution ( ).  ORS: Telete AEL RE STREET TL 33755 Telete  UM WAY #2604	ADDITION Title: Name: Address:	S/CHANGES TO	Date  OFFICERS AND DI  ange ( ) Addition  ange ( ) Addition  UITE #1	

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.

Title:

Name:

Address:

City-St-Zip:

TREA

SEARS, JOHN

2110 G STREET SUITE #1

SACRAMENTO, CA 95816

(X) Change ( ) Addition

SIGNATURE: MICHAEL LASSITER PRES 02/06/2009