

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90047 029 ***150.00

DOCUMENT # P06000019548

1. Entity Name

WORTHAM FOODS INCORPORATED



Principal Place of Business

PO BOX 2179
KEYSTONE HEIGHTS FL 32656

Mailing Address

PO BOX 2179
KEYSTONE HEIGHTS FL 32656



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

Quinzas

3. Mailing Address

P.O. BOX 2179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1546 Branen Field Rd.

Keystone Hgts.

City & State

City & State

Middleburg FL

Keystone Hgts FL

Zip

Country

Zip

Country

32068

USA

32656

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4403543

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORTHAM, JOANNA
7290 COOPER PRAIRIE RD
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DPST
WORTHAM, JOANNA
PO BOX 2179
KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DV
WORTHAM, DAVID J JR
PO BOX 2179
KEYSTONE HEIGHTS FL 32656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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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:

Joanna K Wortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-07 352 745 1320

Telephone Phone #