

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90087 006 ***150.00

DOCUMENT # P06000030889					
1. Entity Name CMC FOODS, INC.					
Principal Place of Business 1600 LAMPLIGHTER WAY ORLANDO, FL 32818			Mailing Address 1600 LAMPLIGHTER WAY ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box # 989 Welch Hill circle		3. Mailing Address 989 Welch Hill circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Apopka FL		City & State Apopka FL		4. FEI Number 20-4410646	
Country Orange		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDING, ROBERT L 20 NORTH EOLA DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: <u>Alvin G. Kruse</u> Street Address (P.O. Box Number is Not Acceptable): <u>989 Welch Hill circle</u> City: <u>Apopka</u> FL <u>32712</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WILLIAMS, MICHAEL 1600 LAMPLIGHTER WAY ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KRUSE, CYNTHIA E 989 WELCH HILL CIRCLE APOPKA, FL 32712		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	Secretary Alvin G. Kruse 989 Welch Hill circle Apopka FL 32712 <input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> Secy. <u>4/17/07</u> <u>407 493-9151</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					