

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110186

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA'S OWN FOOD DISTRIBUTION CO. INC.

**Current Principal Place of Business:**

15913 NORTHLAKE VILLAGE DRIVE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

15913 NORTHLAKE VILLAGE DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 42-1714568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, BEVERLY A  
15913 NORTHLAKE VILLAGE DRIVE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CAMPBELL, WILLIAM K  
Address: 15913 NORTHLAKE VILLAGE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: DST  
Name: CAMPBELL, BEVERLY A  
Address: 15913 NORTHLAKE VILLAGE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY A. CAMPBELL

DST

03/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date