# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2008**
**Secretary of State**

DOCUMENT# P07000023126

**Entity Name:** FLORIDA FLAVORS, INCORPORATED

**Current Principal Place of Business:**

90 SE FOREST STREET
KEYSTONE KEIGHTS, FL 32656

**New Principal Place of Business:**

90 SE FOREST STREET
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

90 SE FOREST STREET
KEYSTONE KEIGHTS, FL 32656

**New Mailing Address:**

P.O. BOX 342
KEYSTONE HEIGHTS, FL 32656

**FEI Number: 56-2644029** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MALONEY, THOMAS C
90 SE FOREST STREET
KEYSTONE KEIGHTS, FL 32656 US

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

MALONEY, THOMAS C
90 SE FOREST STREET
KEYSTONE HEIGHTS, FL 32656 US

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: 04/27/2008
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: MALONEY, CLAUDIA E
Address: 90 SE FOREST STREET
City-St-Zip: KEYSTONE KEIGHTS, FL 32656

Title: VTD ( ) Delete
Name: MALONEY, THOMAS C
Address: 90 SE FOREST STREET
City-St-Zip: KEYSTONE KEIGHTS, FL 32656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition
Name: MALONEY, CLAUDIA E
Address: 90 SE FOREST STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VTD (X) Change ( ) Addition
Name: MALONEY, THOMAS C
Address: 90 SE FOREST STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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.

SIGNATURE: THOMAS C. MALONEY VTD 04/27/2008
Electronic Signature of Signing Officer or Director — Date