

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 049 \*\*\*150.00

**DOCUMENT # P07000057959**

1. Entity Name  
**IN GOOD TASTE PCS, INC**



Principal Place of Business  
**400 NW 98TH AVENUE  
PEMBROKE PINES, FL 33024**

Mailing Address  
**400 NW 98TH AVENUE  
PEMBROKE PINES, FL 33024**

90114206



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite Apt. #, etc.  
City & State  
Zip Country

07082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-0177668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HIGHFIELD, SANDRA M  
400 NW 98TH AVENUE  
PEMBROKE PINES, FL 33024**

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 re-registering.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGHFIELD, SANDRA M 400 NW 98TH AVENUE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HIGHFIELD, CROFTON C 400 NW 98TH AVENUE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Sandra M. Highfield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SANDRA M. HIGHFIELD** Date **7/9/08** Daytime Phone **954-704-5165**