

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000105932

1. Entity Name
VEGGIE MAGIC INC.



FILED

08 NOV -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4490 RIVERWOOD AVE
SARASOTA, FL 34231 US

Mailing Address

4490 RIVERWOOD AVE
SARASOTA, FL 34231 US

2. Principal Place of Business, - No P.O. Box #
4428 Bee Ridge Road

3. Mailing Address
4428 Bee Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282008

Chg-P

CR2E034 (12/06)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
26-1125331

Applied For
Not Applicable

Zip 34233 Country USA

Zip 34233 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPLAWSKI, EVONA
4490 RIVERWOOD AVE
SARASOTA, FL 34231

Name Poplawski, Evona

Street Address (P.O. Box Number is Not Acceptable)
4428 Bee Ridge Road

City Sarasota,

FL

Zip Code 34233

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/03/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCT ☐ Delete
NAME POPLAWSKI, EVONA
STREET ADDRESS 4490 RIVERWOOD AVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE DCT ☒ Change ☐ Addition
NAME POPLAWSKI, EVONA
STREET ADDRESS 4428 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE PDS ☐ Delete
NAME NORWOOD, JENNA
STREET ADDRESS P.O. BOX 546
CITY-ST-ZIP SARASOTA, FL 34230

TITLE ☐ Change ☐ Addition
NAME **100137738321**
STREET ADDRESS **11/07/08--01025--002**
CITY-ST-ZIP ****61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/08

Date

Daytime Phone #