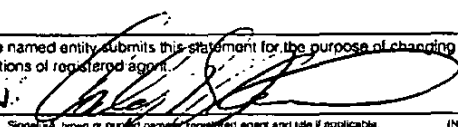
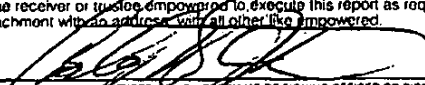


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2. **FILED**
Mar 13, 2008 8:00 am
Secretary of State

02-25-2008 90070 030 ***150.00

DOCUMENT # P07000125556					
1. Entity Name CC&J FOOD #2, INC					
Principal Place of Business 1415 LOCKHART AVENUE HAINES CITY, FL 33897			Mailing Address 1415 LOCKHART AVENUE HAINES CITY, FL 33897		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1515385	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DE JESUS, CARLOS E 2140 FLINTLOCK BLVD KISSIMMEE, FL 34743				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  (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P DE JESUS, CARLOS E 2140 FLINTLOCK BLVD KISSIMMEE, FL 34743	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP De Jesus Carlos E 1415 Lockhart Ave. Haines City FL 33894	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE JESUS, CARLOS R 187 HAVERSHAM WAY DAVENPORT, FL 33897	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P De Jesus Carlos R 1415 Lockhart Ave Haines City FL 33894	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE JESUS, JOSE E 4403 CREEKSRUN KISSIMMEE, FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 no address and all other like empowered.					
SIGNATURE 			2/20/08 (407) 616-8155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		