

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101843

Entity Name: ME AND MY CHEF, INC.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

240 AVIATION DR NORTH SUITE 200  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

240 AVIATION DR NORTH SUITE 200  
NAPLES, FL 34104

## New Mailing Address:

FEI Number: 26-3726660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERRILL, C. DAVID  
240 AVIATION DR NORTH SUITE 200  
NAPLES, FL 34104 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHERRILL, C DAVID  
Address: 240 AVIATION DR NORTH SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SHERRILL, LORRAINE  
Address: 240 AVIATION DR NORTH SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: MONTEZINOS, SALOMAN  
Address: 7567 BERKSHIRE PINES DR  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: GARFANO, RICHARD F  
Address: 6475 GLEN EAGLE WAY  
City-St-Zip: NAPLES, FL 34120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: SHERRILL, C DAVID  
Address: 240 AVIATION DR NORTH SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: DVS (X) Change ( ) Addition  
Name: SHERRILL, LORRAINE  
Address: 240 AVIATION DR NORTH SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: C. DAVID SHERRILL

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date