2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # P93000069104

1. Entity Name
FOODSTAFF OF ORLANDO, INC.

Principal Place of Business
6900 S. ORANGE BLOSSOM TRAIL
SUITE 306
ORLANDO, FL 32909 US

Mailing Address
P.O. BOX 12850
CHARLESTON, SC 29422 US

03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3204220
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JENNISON, KIM
6900 SOUTH ORANGE BLOSSOM TR. STE. 306
ORLANDO, FL 32809

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000667884
03/27/07-80005-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLEN, BAILEY
STREET ADDRESS	6900 SO O.B.T. SUITE 306
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	CHRISTIAN, LEE R
STREET ADDRESS	6900 SO OBT., STE 306
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bailey Bolen Bailey Bolen 3 12-07 843406-010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #