## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2008 8:00 am Secretary of State

DOCUMENT # P94000044505  1. Entity Name WALTHOUR FOODS, INC.								05-06-2008	90034 01	.7 ***15	50.00
Principal Place of Business Mailing Address							3.**				
4127 W HIGHWAY 98 Panama City, Fl 32401 US				4127 W. HIGHWAY 98 Panama City, Fl 32401 US							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				# (11 # 1# 2) # # (11 # # 111 # # 111	. <b>.</b>		IISBUI GI IUBI
						04252008	Chg-P	CR2E03	34 (12/06)		
City & State				City & State		4. FEI Number 59-3247			<u> </u>	oplied For ot Applicable	
Zip	Country			Zip Cour		ntry	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent							7. Name and A	Address of New Ro			
SCOTT, J CAREY III						Name  Street Address (P.O. Box Number is Not Acceptable)					
4127 W. HIGHWAY 98 PANAMA CITY, FL. 32401						Street Address (	P.O. Box Number	IS NOT Acceptable	)	<u>.                                 </u>	
						City				Zip Cod	
The share named entity submits this statement for the oursess of changing its received.						,	and agent, or betin	in the State of Flo	FL.	'	
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											
A Floring Compains Financian AF 00											
After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550	0.00	Trust Fund Cont	~		.00 May Be ed to Fees				
10.	,	OFFICERS AN	ID DIRE	IRECTORS 11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME	P SCOTT, J C			☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS	4127 W. HIGHWAY 98				STRE	ET ADDRESS					
CITY-SI-ZIP	PANAMA	CITY, FL			-	-ST-ZiP		·····			
NAME			☐ Delete	Delete TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	-					ET AODRESS - ST-ZIP					
TITLE				☐ Delete	TITL	***				☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	E ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE NAME				☐ Delete	TITL			*		☐ Change	Addition
STREET ADDRESS					NAM STRE	ET ADORESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITL	L.				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		·			-	-ST-ZIP		·			
NAME				Delete	TITLS NAM					Change	Addition
STREET ADDRESS CITY ST - ZIP						ET ADORESS					
• •	Lcertify that the	e information supplied w	ith this (	iling does not qualify fo		-ST-ZIP emptions contained	in Chapter 119.	Florida Statutes. Lt	urther certif	v that the i	nformation
12. I hereby certify that the information supplied with this filling 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 frue 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 trusters impowered 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.											

J. CARDEN SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-28-09

Date

850-913-1898

Daytime Phone #