

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073283

Entity Name: ST. JOE FOODS, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

418 MONUMENT AVENUE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

18883 NE ROY GOLDEN ROAD
BLOUNSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3271324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, JOHN T
18883 NE ROY GOLDEN ROAD
BLOUNTSTOWN, FL 32424 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: P () Delete
Name: RICHARDS, JOHN T
Address: 18883 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V () Delete
Name: RICHARDS, CHARLES A
Address: 18664 HWY 69 NE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V (X) Delete
Name: KEARCE, GEORGE B
Address: 245 LEASINGWORTH WAY
City-St-Zip: ROSWELL, GA 30075

Title: ST () Delete
Name: RICHARDS, BONNIE M.
Address: 18883 NE ROY GOLDEN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BONNIE RICHARDS

ST

04/26/2007

Electronic Signature of Signing Officer or Director

Date