

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005626

FILED
Apr 13, 2005
Secretary of State

Entity Name: DEFUNIAK SPRINGS FOODS, INC.

Current Principal Place of Business:

931 HWY 331 S.
STE I
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

1144 JOHN SIMS PKWY
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3361082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINNIS, JEFFREY C.
909 NE MAR WALT DR
STE 1014
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

CRAWLEY, CLARENCE R PRES
1032 STEPHEN DR
NICEVILLE, FL 32578 US

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: CLARENCE R. CRAWLEY

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAWLEY, CLARENCE RAYMO
Address: 1144 JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: VP (X) Delete
Name: CRAWLEY, CONSTANCE LORA
Address: 1144 JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: CRAWLEY, DUSTIN R
Address: 1032 STEPHEN DR
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: TIMPER, LARISSA N
Address: 1032 STEPHEN DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAWLEY, CLARENCE R
Address: 1144 JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

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 Section 119.07(3)(i), 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: LARISSA TIMPER

S

04/13/2005

Electronic Signature of Signing Officer or Director

Date