

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005626

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DEFUNIAK SPRINGS FOODS, INC.

## Current Principal Place of Business:

1030 US HWY 331  
STE E  
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:

CRAWLEY, CLARENCE R PRES  
1032 STEPHEN DR  
NICEVILLE, FL 32578 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: CRAWLEY, CLARENCE R  
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: ( ) 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 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: LARISSA N TIMPER

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date