

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 035 ***150.00

DOCUMENT # P96000040712 1. Entity Name JAMAICAN DELITE FOODS, INC.			
Principal Place of Business 3901 MARTIN LUTHER KING BLVD FT MYERS, FL 33916		Mailing Address 3901 MARTIN LUTHER KING BLVD FT MYERS, FL 33916	
2. Principal Place of Business P.O. Box 60955		3. Mailing Address P.O. Box 60955	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT MYERS FL		City & State FT. MYERS FL 33906	
Zip 33906		Zip 33906	
Country USA		Country USA	
4. FEI Number 65-0678624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, EUPHENA A 3901 DR MLK JR BLVD. FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1112 NE 15TH ST CAPE CORAL FL 33909 City FL Zip Code 33909	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- ROSS, FRANKLIN D 3901 MLK BLVD FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1112 NE 15TH ST CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Franklin D Ross</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 26/05-239-574-2988</u> <small>Date Daytime Phone #</small>	