

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90019 016 ***150.00

DOCUMENT # P96000041595		
1. Entity Name CREAMY-CRUNCHY FOODS, INC.		

Principal Place of Business 5803 SE HWY 484 BELLEVUE, FL 34421 US	Mailing Address PO BOX 3116 BELLEVUE, FL 34421 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40110402



07092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3374311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAMBLIN, DOYLE M 2525 BRAMPTON COURT ORLANDO, FL 32807 XXXXXXXXXXXXXX		Name MARGARET T. SHAMBLIN	
		Street Address (P.O. Box Number is Not Acceptable) 10520 SE 45TH AVE	
		City BELLEVUE, FL FL Zip Code 34420	

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 *Margaret T. Shamblin* MARGARET T. SHAMBLIN 7/9/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMBLIN, DOYLE M XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10520 SE 45TH AVE BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMBLIN, MARGARET T XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10520 SE 45TH AVE BELLEVUE, FL 34420
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
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
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
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 exemptions contained 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 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: *Margaret T. Shamblin* MARGARET T. SHAMBLIN, PRES 352-245-2498
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACHMENT L10110402

#096000041645

July 9, 2008

To whom It May Concern:

The reason this wasn't filed in a timely manner, is because I didn't receive a notice. I'm 70 yrs old computers illustrate and sometimes I forget if I'm not reminded

Sincerely
Margaret Shanklin