


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90033 033 \*\*\*150.00

<b>DOCUMENT # P96000086766</b> 1. Entity Name <b>SPRING VALLEY FARMS GOURMET PRODUCTS, INC.</b>			
Principal Place of Business <b>2700 N PENINSULA AVE #232 NEW SMYRNA BEACH, FL 32169</b>		Mailing Address <b>2700 N PENINSULA AVE #232 NEW SMYRNA BEACH, FL 32169</b>	
2. Principal Place of Business <b>910 ARROWROOT CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 276</b> Suite, Apt. #, etc.	
City & State <b>NSMYRNA BCH FL</b>		City & State <b>N. SMYRNA BCH FL</b>	
<b>32168</b> Country <b>USA</b>		<b>32170-0276</b> Country <b>USA</b>	
4. FEI Number <b>59-3406729</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KITTEL, PATRICIA A 2700 N PENINSULA AVE #232 NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>910 ARROWROOT CT. N. SMYRNA BCH FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KITTEL, JAMES G 2700 N PENINSULA AVE #232 NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>910 ARROWROOT CT. N. SMYRNA BCH FL 32168</b>
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
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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: <b>JAMES G. KITTEL</b>		<b>JAMES G. KITTEL 3-8-05 386-478-1555</b>	