

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000030416

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** JUDY'S NATURAL FOODS, INC.

**Current Principal Place of Business:**

2435 US HWY 19  
SUITE 100  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2435 US HWY 19  
SUITE 100  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 59-3442744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINVILLE, JOHN M SR  
2435 US HWY 19  
SUITE100  
HOLIDAY, FL 34691 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LINVILLE, JOHN M  
Address: 2435 US HWY 19 SUITE 100  
City-St-Zip: HOLIDAY, FL 34691

Title: VST  
Name: LINVILLE, JILL S  
Address: 2435 US HWY 19 SUITE 100  
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. LINVILLE

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date