

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033491

Entity Name: SUMMERFIELD FOODS, INC.

FILED  
Apr 11, 2008  
Secretary of State

## Current Principal Place of Business:

9945 SW HWY 41  
SUMMERFIELD, FL 34491 US

## New Principal Place of Business:

## Current Mailing Address:

9719 LITTLE POND WAY  
TAMPA, FL 33647 US

## New Mailing Address:

FEI Number: 59-3455685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASPER, MUSTAPHA  
309 CACTUS ROAD  
SEFFNER, FL 33584 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: DP ( ) Delete  
Name: CASPER, MUSTAPHA  
Address: 309 CACTUS RD  
City-St-Zip: SEFFNER, FL 33584 US

Title: DST ( ) Delete  
Name: KAZBOUR, YASSER  
Address: 9719 LITTLE POND WAY  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: YASSER KAZBOUR

SEC

04/11/2008

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

\_\_\_\_\_  
Date