2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000038882

1. Entity Name C & R FOODS, INC.



US

FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business ...

Mailing Address

157 AZALEA PT DR

PONTE VEDRA BEACH, FL 32082 US **POB 488**

PONTE VEDRA BEACH, FL 32004

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3446174

04172007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1009 21ST STREET NORTH

O'NEILL, KAREN B DO NOT WRITE JACKSONVILLE BEACH, FL 32250 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registered Agent signature required when reinstating) DATE, 9.' Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 TITLE BURNS, CHRISTINE M NAME STREET ADDRESS 157 AZALEA PT DR CITY-ST-7IP PONTE VEDRA BEACH, FL 32082 TITLE BURNS, CHRISTINE M NAME U00000758047 STREET ADDRESS 157 AZALEA PT DR 05/23/07-80096-001 150.00 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME FRANCO, ROBERT STREET ADDRESS 157 AZALEA PT DR SOUTH DO NOT WRITE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP ШÆ NAME STREET ADDRESS CITY-ST-ZIP