2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085039

1. Entity Name
PHILIP J. SAN FILIPPO, INC.

Principal Place of Business	Mailing Address
2872 NW 28TH ST. BOCA RATON, FL 33434	2872 NW 28TH ST. BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

03202008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0785765	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAN FILIPPO, PHILIP J
2872 NW 28TH ST.
BOCA RATON, FL 33434

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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 applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	SAN FILIPPO, PHILIP J	
STREET ADDRESS	2872 NW 28TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	
NAME	SAN FILIPPO, MARSHA	
STREET ADDRESS	2872 NW 28 ST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/20/08-80050-008 150.00

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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: _Marsha Philippo_ MARSHA SAN FILIPPO 4/25/08 561-852-7892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #