

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087729

FILED
Apr 16, 2009
Secretary of State

Entity Name: E.A.P. FOOD ENTERPRISES, INC.

Current Principal Place of Business:

1500 SAWGRASS VILLAGE DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

242 EDGEWATER BRANCH DR
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3471951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAIEN, ELIZABETH
242 EDGEWATER BRANCH DR.
JACKSONVILLE, FL 32259 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: P () Delete
Name: PLAIE, ELIZABETH
Address: 242 EDGEWATER BRANCH DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: PLAIE, JASON
Address: 242 EDGEWATER BRANCH DR
City-St-Zip: JACKSONVILLE, FL 32259

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: ELIZABETH PLAIE

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date