

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 039 ***150.00

DOCUMENT # P98000002370

1. Entity Name
ENGEDI SPECIALTIES, INC.



Principal Place of Business
8547 SW US HWY 27
FORT WHITE, FL 32038

Mailing Address
8547 SW US HWY 27
FORT WHITE, FL 32038

60001836



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

6464 SW US Hwy 27

Suite, Apt. #, etc.

LOT #17

City & State

Ft. White FL

Zip

32038

Country

Columbia

3. Mailing Address

429 SW Greenwood Terrace

Suite, Apt. #, etc.

City & State

Ft. White FL

Zip

32038

Country

Columbia

4. FEI Number
59-3486089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMBERG, JUDEE
8547 SW US HWY 27
FORT WHITE, FL 32038

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

429 SW Greenwood Terrace

City

Ft. White

FL

Zip Code

32038

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLMBERG, CARL
STREET ADDRESS 429 SW GREENWOOD TERR
CITY-ST-ZIP FT WHITE, FL 32038 ☐ Delete

TITLE STD
NAME HOLMBERG, JUDEE
STREET ADDRESS 429 SW GREENWOOD TERR
CITY-ST-ZIP FT WHITE, FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

Judee Holmberg

1/16/07

386-497-1010