


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 09:00 A
Secretary of State

DOCUMENT # P98000047839

1. Entity Name
MERCY FOOD, INC.



Principal Place of Business
**1430 MERCY DRIVE
 ORLANDO FL 32808**

Mailing Address
**9874 KILGORE RD
 ORLANDO FL 32836**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Zip Country

4. FEI Number **59-3515306**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHO, JASMINE S
 9784 KILGORE RD
 ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CHO, JASMINE S**
 STREET ADDRESS **9874 KILGORE RD**
 CITY - ST - ZIP **ORLANDO FL 32836**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

U00000627340
 02/15/07-80057-010 150.00

TITLE Delete
 NAME **CHO, PETER HYON**
 STREET ADDRESS **9874 KILGORE RD**
 CITY - ST - ZIP **ORLANDO FL 32836**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY - ST - ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information stated 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 attached, or on an attachment with an address, with all other filers empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
 Date

409 1758-2
800 297-8
 Daytime Phone #