2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000108074

1. Entity Name
FOODNET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4700 SAN JOSE MANOR DR. W. JACKSONVILLE, FL 32217	4700 SAN JOSE MANOR DR. W. JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

04262007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3559320	Not Applicable

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

6. Name and Address of Current Registered Agent

WOODS, THOMAS E
3821 MARNIE PLACE
JACKSONVILLE, FL 32223

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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, 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	DP
NAME	WOODS, THOMAS
STREET ADDRESS	3821 MARNIE PL
CITY-ST-ZIP	JACKSONVILLE, FL 32223

U00000742434
05/15/07-80068-014 150.00

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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: _____   PRESIDENT   (904) 382-4670

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