



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

EP DVNFOU!\$ P99000004499 2/ Entity Name T & R FOODS, INC.	
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Principal Place of Business 2541F!OPONB/B/ X.M.I.U.P.O.I.Q.M.437: 7	Mailing Address 2541F!OPONB/B/ X.M.I.U.P.O.I.Q.M.437: 7
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EP OPU X SJF JO UI JT TQ BDF
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05072007	Op!Di h.Q DS3F145!J22016*
5/ FEI Number 59-3553086	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	%0/86 Beejupobm Gff!Sfrvjde

7/ Obn f!boe!Beeff t! lpgDvaf ouSfhjt of ef elBhf ou  MYERS, CHRIS 7701 SW 18TH PLACE GAINESVILLE, FL 32607
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9/ 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	: / Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf! Beeff elup!G f t	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, CHRIS 7701 SW 18TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEPHANIE 7701 SW 18TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, MAUREEN 5628 SW 104 TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763115 05/29/07-80042-001 150.00
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23/ 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.

T.JOBVUSF; Stephanie Myers Stephanie Myers 5/6/07 (352) 528-5225

T.JOBVUSF:BOEILZQFEPISQSDUFEIOBNFPJGTJHQP GGDFSIPSEJFDPUS Date Daytime Phone #