

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90022 039 ***550.00

DOCUMENT # P99000049093

1. Entity Name

SUPERIOR GOURMET FOODS INC.



Principal Place of Business

**7163 121ST WAY N.
SEMINOLE FL 33772**

Mailing Address

**7163 121ST WAY N.
SEMINOLE FL 33772**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3578410**

Applied For
Not Applicable

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

2nd MOORE CR2E034 (4/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAIG JACKSON
7163 121ST WAY N.
SEMINOLE FL 33772**

Name

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

City

FL

Zip Code

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 \$550.00
DUE BY September 5, 2007**

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
JACKSON, CRAIG
7163 121ST WAY N.
SEMINOLE FL 33772**

TITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #