

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008 8:00 am
Secretary of State

06-02-2008 90003 006 ***550.00

DOCUMENT # P99000053171



1. Entity Name
**FROZEN AND REFRIGERATION FOODS OF CENTRAL
FLORIDA, INC.**

Principal Place of Business
**958 NARCISSUS AVE.
CLEARWATER BEACH, FL 33767**

Mailing Address
**PO BOX 3472
CLEARWATER BEACH, FL 33767**

66015106



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3582375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALDERMAN, JOYCE
958 NARCISSUS AVE.
CLEARWATER BEACH, FL 33767**

7. Name and Address of New Registered Agent

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

Joyce Alderman Administrator

6/20/08

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **LAMBERSON, LINDA**
STREET ADDRESS **PO BOX 22889**
CITY-ST-ZIP **TAMPA, FL 33622**

TITLE ☒ Delete
NAME **P SADAN, JOAN**
STREET ADDRESS **5908 BRECKENRIDGE PKWY**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President Linda**
STREET ADDRESS **5600 Breckenridge Park Drive #301**
CITY-ST-ZIP **Tampa, FL 33610**

TITLE ☒ Change ☐ Addition
NAME **Vice President Bottomley, John**
STREET ADDRESS **5000 Windward Way**
CITY-ST-ZIP **Lutz, FL 33558**

TITLE ☐ Change ☒ Addition
NAME **Financial Director Pelant, Charlie**
STREET ADDRESS **4797 Stonebriar Drive**
CITY-ST-ZIP **Oldsmar, FL 34677**

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

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

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

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:

Linda Lamberson

Date

Daytime Phone #

6/19/08