

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000058404

1. Entity Name
JARO FOOD CORPORATION



Principal Place of Business
3246 E. BAY DR
BRADENTON BEACH, FL 34217

Mailing Address

3246 E. BAY DR
BRADENTON BEACH, FL 34217

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

6. Name and Address of Current Registered Agent

GAY, JIM CPA
3984 MANATEE AVE E
BRADENTON, FL 34208

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 renewing)

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

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFGANG, JAHN		NAME	
STREET ADDRESS	1309 65TH STREET		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASSAT, KURT		NAME	
STREET ADDRESS	602 HAMPSHIRE LANE		STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	-----	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE:

B. Jahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90096 020 ***150.00



04232007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0958976

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

4.30.07

Date

Daytime Phone #

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SIGNATURE

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(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE PD
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STREET ADDRESS 1309 65TH STREET
CITY-ST-ZIP BRADENTON, FL 34209

Delete

TITLE STD
NAME BRASSAT, KURT
STREET ADDRESS 602 HAMPSHIRE LANE
CITY-ST-ZIP HOLMES BEACH, FL 34217

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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SIGNATURE:

R. Jahn W. John

04.30.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40100957

04232007 Chg-P CR2E034 (12/06)