
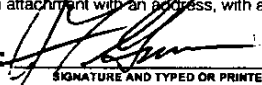


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 028 ***150.00

| | | | | |
|--|-----------------------------------|---|---|---|
| DOCUMENT # P99000060480 | | | |  |
| 1. Entity Name ELITE FOODS-OCALA, INC. | | | | |
| Principal Place of Business 2311 N.E. 29TH AVE UNIT 2 OCALA, FL 34470 | | Mailing Address 5450 BRUCE B. DONNS BLVD #412 WESLEY CHAPEL, FL 33543 | | |
| 2. Principal Place of Business - No P.O. Box # | | Mailing Address <i>SAME</i> | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>SAME</i> | | |
| City & State | | City & State <i>SAME</i> | | |
| Zip | Country | Zip | Country | |
| | | <i>33544-8616</i> | <i>SAME</i> | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| MILLER, SHERRIE 220 OAKFIELD DRIVE BRANDON, FL 33511 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GREESON, JOHN F | NAME | | |
| STREET ADDRESS | 17908 ARBOR GREENE DRIVE | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33647 | 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 | | |
| 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 | | |
| 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:  | | - JOHN F. GREESON, OWNER/PRESIDENT 4/10/08 (813) 907-7772 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # | |