

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90321 012 \*\*\*150.00

**DOCUMENT # P99000084126**

1. Entity Name

CLEMENS JIFFY FOOD, INC.



Principal Place of Business

3350 SE 52ND STREET  
OCALA FL 34480

Mailing Address

3350 SE 52ND STREET  
OCALA FL 34480

2. Principal Place of Business

3. Mailing Address

3206 SE 49th PI.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
OCALA, FL

Zip

Country

Zip

Country

34480

MARION

4. FEI Number

59-3598265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENS, JAMES  
3350 SE 52ND STREET  
OCALA FL 34480

Name  
JUTTA H. CLEMENS

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

3206 SE 49th PI.

City  
OCALA

FL

Zip Code  
34480

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

Jutta H. Clemens

4-13-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLEMENS, JUTTA H  
3206 S.E. 49TH PLACE  
OCALA FL 34480 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLEMENS, JAMES L. A.  
5005 S.E. 33RD TERRACE  
OCALA FL 34480 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
5348 SE 15th CT

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jutta H. Clemens

4-13-04

352 732-0574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #