

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S46473

1. Entity Name
JENARD FRESH INCORPORATED



Principal Place of Business
**1318 BRIERCLIFF DR
ORLANDO, FL 32806**

Mailing Address
**1318 BRIERCLIFF DR
ORLANDO, FL 32806**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3064627

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CANEZA, GARY R.
1318 BRIERCLIFF DR
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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

(Print. Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000143344
04/30/04-80098-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANEZA, GARY R
STREET ADDRESS	1318 BRIERCLIFF DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	CANEZA, ANDREW R
STREET ADDRESS	950 SWEETWATER CLUB DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	WHITSON, SUSAN C.
STREET ADDRESS	315 EAST LAKE BRANTLY DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	BUDDENDORFF, ANN C.
STREET ADDRESS	307 EAST LAKE BRANTLY DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	ABIDE, JANE C
STREET ADDRESS	225 MONTORGY ISLE N.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. CANEZA

Date

4/26/03

Daytime Phone #

407-851-9432