


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 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
--	--

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3064627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000561973 05/19/06-80037-005 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANEZA, GARY R 1318 BRIERCLIFF DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANEZA, ANDREW R 950 SWEETWATER CLUB DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, SUSAN C. 315 EAST LAKE BRANTLY DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDENDORFF, ANN C. 307 EAST LAKE BRANTLY DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABIDE, JANE C 225 MONTORGY ISLE N. 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 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:  **5/1/06** **407-851-9432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #