

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90865 021 ***150.00

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04272007 Chg-P CR2E034 (12/06)

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 647 E. MARKS ST | | 3. Mailing Address Suite, Apt. #, etc. 647 E. MARKS ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State ORLANDO, FLORIDA | | City & State ORLANDO, FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 32803 | Country USA | Zip 32803 | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 59-3064627 | | Applied For <input type="checkbox"/> 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 | | 7. Name and Address of New Registered Agent Name CANEZA, GARY R. Street Address (P.O. Box Number is Not Acceptable) 647 E. MARKS ST City ORLANDO FL Zip Code 32803 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 DATE 4-27-07 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, GARY R 1318 BRIERCLIFF DR ORLANDO, FL 32806 </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, GARY R 647 E. MARKS ST ORLANDO, FL 32803 </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, ANDREW R 950 SWEETWATER CLUB DR LONGWOOD, FL 32779 </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, ANDREW R 317 BRANTLEY CLUB PLACE LONGWOOD, FL 32779 </td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITSON, SUSAN C. 315 EAST LAKE BRANTLY DR LONGWOOD, FL 32779 </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D BUDDENDORFF, ANN C. 307 EAST LAKE BRANTLY DR LONGWOOD, FL 32779 </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP D ABIDE, JANE C 225 MONTORGY ISLE N. LONGWOOD, FL 32779 </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> | | | | 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, GARY R 1318 BRIERCLIFF DR ORLANDO, FL 32806 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, GARY R 647 E. MARKS ST ORLANDO, FL 32803 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, ANDREW R 950 SWEETWATER CLUB DR LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D CANEZA, ANDREW R 317 BRANTLEY CLUB PLACE LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHITSON, SUSAN C. 315 EAST LAKE BRANTLY DR LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP D BUDDENDORFF, ANN C. 307 EAST LAKE BRANTLY DR LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP D ABIDE, JANE C 225 MONTORGY ISLE N. LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 empowerers. SIGNATURE: DATE 4-27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |