

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2007 90865 021 \*\*\*150.00

**DOCUMENT # S46473**  
 1. Entity Name  
**JENARD FRESH INCORPORATED**



Principal Place of Business      Mailing Address  
 1318 BRIERCLIFF DR      1318 BRIERCLIFF DR  
 ORLANDO, FL 32806      ORLANDO, FL 32806

**60046106**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.  
**647 E. MARKS ST**      **647 E. MARKS ST**

04272007      Chg-P      CR2E034 (12/06)

City & State  
**ORLANDO, FLORIDA**      **ORLANDO, FLORIDA**

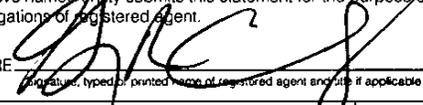
4. FEI Number      Applied For  
**59-3064627**      Not Applicable

Zip      Country      Zip      Country  
**32803**      **USA**      **32803**      **USA**

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

**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**  
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DAYTIME PHONE #)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

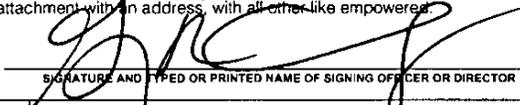
**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	D CANEZA, GARY R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	647 E. MARKS ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE NAME	D CANEZA, ANDREW R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	317 BRANTLEY CLUB PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 empowerments.

SIGNATURE:       DATE **4-27-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #