

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90259 018 \*\*\*150.00

**DOCUMENT # S46473**

1. Entity Name  
**JENARD FRESH INCORPORATED**



Principal Place of Business  
**647 E. MARKS ST  
ORLANDO, FL 32803**

Mailing Address  
**647 E. MARKS ST  
ORLANDO, FL 32803**

**40057303**



04252008 No Chg-P CR2E034 (11/05)

**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.  
647 E. MARKS ST  
ORLANDO, FL 32803**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CANEZA, GARY R
STREET ADDRESS	647 E. MARKS ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	CANEZA, ANDREW R
STREET ADDRESS	317 BRANTLEY BLUC PLACE
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/30/08*

*407-851-9432*