

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # S48254 1. Entity Name TOP CHOICE POULTRY, INC.	
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Principal Place of Business 2240 DENNIS STREET JACKSONVILLE, FL 32204 US	Mailing Address P.O. BOX 43546 JACKSONVILLE, FL 32204 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2988543	Applied For: Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEMP, CHARLES E 2240 DENNIS STREET JACKSONVILLE, FL 32204	DO NOT WRITE IN THIS SPACE
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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 of applicant to be changed)	(If Not Registered Agent signature required when reconstituting)	DATE _____
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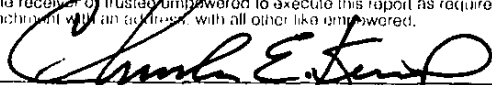
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KEMP, CHARLES E 2240 DENNIS STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KELLY, KENNETH M SR 2240 DENNIS STREET JACKSONVILLE, FL
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**DO NOT WRITE
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01/08/08-80014-015 150.00

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 Charles E. Kemp, Sr.	Date: 1/4/08 (904) 354-7600 Daytime Phone: _____
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