2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S50562

GENERAL JUICES, INC.

FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

2231 W HIGHWAY 44 EUSTIS, FL 32726 Mailing Address

2231 W HIGHWAY 44 EUSTIS, FL 32726



02262008

No Chg-P

CR2E034 (11/05)

FEI Number
 59-3066476

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS H 2231 WEST HWY 44 EUSTIS, FL 32726

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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	If applicable. (NOTE: R	legistered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	• 9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS H 2231 W. HWY 44 EUSTIS, FL				H00000922711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JERRY P 2231 W. HWY 44 EUSTIS, FL		,		000000922711 05/16/08-80001-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-7IP					· · · · · · · · · · · · · · · · · · ·

12. Thereby certify that the information supplied with this filling 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

4-15-08

Daytime Phone it