


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # V08863 1. Entity Name SLIM'S FOOD PRODUCTS, INC. |  |
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| Principal Place of Business 319 S BREVARD AVE ARCADIA, FL 34266 US | Mailing Address 319 S BREVARD AVE ARCADIA, FL 34266 US |
|--|--|



04112006 No Chg-P CR2E034 (11/05)

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| | |
|------------------------------------|--|
| 4. FCI Number 65-0316208 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLEMENT, MARTHA A 319 S BREVARD AVE ARCADIA, FL 34266 |
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**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, 2006 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 STREET ADDRESS CITY ST ZIP | PSTV CLEMENT, MARTHA A. 339 LASOLONA AVE. ARCADIA, FL |
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04/28/06-80059-013 150.00**

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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 empowered.

SIGNATURE: MARTHA A. CLEMENT **MARTHA A. CLEMENT** 4/11/06 863494-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date to Phone #