

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005532

Entity Name: EMPIRICAL FOODS, INC.**Current Principal Place of Business:**891 TWO RIVERS DRIVE
DAKOTA DUNES, SD 57049**Current Mailing Address:**891 TWO RIVERS DRIVE
DAKOTA DUNES, SD 57049 US**FEI Number:** 41-1865943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVP
Name JOCHUM, RICHARD
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title T
Name BUSS, DONOVAN
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title DIRECTOR
Name LETCH, JENNIFER DAVID
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title DIRECTOR
Name TJADEN, KURT
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title P
Name LETCH, CRAIG
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title S
Name LETCH, JENNIFER
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title DIRECTOR
Name ROTH, NICHOLAS
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

Title DIRECTOR
Name MCCARTHY, MICHAEL
Address 891 TWO RIVERS DRIVE
City-State-Zip: DAKOTA DUNES SD 57049

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER LETCH**SECRETARY****04/14/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, JOHN
Address	891 TWO RIVERS DRIVE
City-State-Zip:	DAKOTA DUNES SD 57049