## **2007 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Apr 05, 2007 08:00 All Secretary of State **DOCUMENT #633240** LOOPERS FOOD SERVICE, INC. Principal Place of Business Mailing Address 1395 E. LAFAYETTE ST. 1395 E. LAFAYETTE ST. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E034 (11/05) 01242007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1928995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LABASKY, RONALD A. DO NOT WRITE 310 W COLLEGE AVE TALLAHASSEE, FL 32301 IN THIS SPACE This ship is the 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS SCRANTON JR, PAUL NAME 4810 LANCASHURE LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 SCRANTON, PATTY NAME STREET ADDRESS 4810 LANCASHURE LANE CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GOFFICER OR DIRECTOR