


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90180 015 ***158.75

DOCUMENT # F01000000451	
1. Entity Name TONY DOWNS FOOD COMPANY	

Principal Place of Business 400 NORTH ARMSTRONG BLVD. ST. JAMES, MN 56081	Mailing Address 400 NORTH ARMSTRONG BLVD. ST. JAMES, MN 56081
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40064000



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-0673792	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOWNS, RICHARD A 16750 GULF BLVD. #611 N REDINGTON BEACH, FL 33708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEV DOWNS, MICHAEL G 16600 GULF BLVD #436 NORTH REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDERSON, PATTY 1116 9TH ST. NORTH ST. JAMES, MN 56081
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DOWNS, RICHARD A 16750 GULF BLVD. #611 NORTH REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 reports 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.

X SIGNATURE: R. A. Downs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 507-375-3111
Date Daytime Phone #