


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # F01000000451 1. Entity Name TONY DOWNS FOOD COMPANY |  |
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| 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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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|---------------------------------------|
| 4. FEI Number 41-0673792 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DOWNS, RICHARD A
16750 GULF BLVD. #611
N REDINGTON BEACH, FL 33708

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | 000000747845 05/17/07-80042-010 158.75 |
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10. OFFICERS AND DIRECTORS

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

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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: *X Patty Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____