

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001831

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: SONNE LABS, INC,

**Current Principal Place of Business:**

896 22ND AVENUE NORTH  
WAHPETON, MD 580753026

**New Principal Place of Business:**

**Current Mailing Address:**

896 22ND AVENUE NORTH  
WAHPETON, MD 580753026

**New Mailing Address:**

FEI Number: 41-1572457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOOL FOOD SERVICE SYSTEMS INC.  
501 NE 183RD STREET  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHULER, JAY  
Address: 896 22ND AVENUE NORTH  
City-St-Zip: WAHPETON, MD 580753026

Title: V ( ) Delete  
Name: SCHULER, THOMAS  
Address: 896 22ND AVENUE NORTH  
City-St-Zip: WAHPETON, MD 580753026

Title: ST ( ) Delete  
Name: SPIEKERMEIER, LUCY  
Address: 896 22ND AVENUE NORTH  
City-St-Zip: WAHPETON, MD 580753026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUCY SPIEKERMEIER

ST

07/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date