

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90210 013 ***150.00

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1. Entity Name
FOOD TEAM, INC.



Principal Place of Business
**1033 E. 25TH STREET, FIRST FLOOR
HIALEAH, FL 33013**

Mailing Address
**1007 N. MAIN STREET
COLUMBIA, IL 62236**

40067624



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

43-1549976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIMMONS, WILLIAM
820 MARITIME COURT
BRADENTON, FL 34212**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
TIMMONS, WILLIAM
1200 RUECK RD.
COLUMBIA, IL 62236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIMMONS, CYNTHIA
1200 RUECK RD.
COLUMBIA, IL 62236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TIMMONS, KRISTOPHER
404 S. FERKEL
COLUMBIA, IL 62236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Timmons, Kristopher
447 Terry Dr.
Columbia IL 62236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DINEEN, DIANE
426 SOUTH HICKORY
SMITHTON, IL 62285 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Spriggs, Cynthia
1159 White Pine Circle
Columbia IL 62236 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Cynthia Spriggs *Cynthia Spriggs* 4/24/06 618-281-3100 ext 623
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #