2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000006562

1. Entity Name
FOOD TEAM, INC.

Principal Place of Business	Mailing Address
1033 E. 25TH STREET, FIRST FLOOR HIALEAH, FL 33013	1007 N. MAIN STREET COLUMBIA, IL 62236

DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1549976
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TIMMONS, WILLIAM
4907 YACHT CLUB DR
TAMPA, FL 33616

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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 _____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TIMMONS, WILLIAM
STREET ADDRESS	1200 RUECK RD.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	D
NAME	TIMMONS, CYNTHIA
STREET ADDRESS	1200 RUECK RD.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	DT
NAME	TIMMONS, KRISTOPHER
STREET ADDRESS	~~404 S. FERKEL~~ 437 Terry Dr.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	S
NAME	KNIGHT, SAMUEL
STREET ADDRESS	2129 INGALLS CIR
CITY-ST-ZIP	O'FALLON, MO 63368
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000821900
02/19/08-80045-018 150.00

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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: Samuel Knight Sec. 2/7/08 618-281-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #