

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006562

Entity Name: FOOD TEAM, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

1007 NORTH MAIN ST
COLUMBIA, IL 62236

New Principal Place of Business:

Current Mailing Address:

1007 NORTH MAIN ST
COLUMBIA, IL 62236

New Mailing Address:

FEI Number: 43-1549976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: CP () Delete
Name: TIMMONS, WILLIAM
Address: 1200 RUECK RD.
City-St-Zip: COLUMBIA, IL 62236

Title: D () Delete
Name: TIMMONS, CYNTHIA
Address: 1200 RUECK RD.
City-St-Zip: COLUMBIA, IL 62236

Title: DT () Delete
Name: TIMMONS, KRISTOPHER
Address: 404 S. FERKEL
City-St-Zip: COLUMBIA, IL 62236

Title: S () Delete
Name: KNIGHT, SAMUEL
Address: 2129 INGALLS CIR
City-St-Zip: O'FALLON, MO 63368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: TIMMONS, KRISTOPHER
Address: 337 TERRY
City-St-Zip: COLUMBIA, IL 62236

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMUEL KNIGHT

SEC

01/07/2009

Electronic Signature of Signing Officer or Director

Date