


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

*Florida* - # ~~150~~ 150  
**FILED**  
 Feb 13, 2006 08:00 AM  
 Secretary of State

**DOCUMENT # F05000005438**  
 1. Entity Name  
**SYSCO FOOD SERVICES-GULF COAST, INC.**



Principal Place of Business      Mailing Address  
 2001 WEST MAGNOLIA AVENUE      2001 WEST MAGNOLIA AVENUE  
 GENEVA, AL 36340                      GENEVA, AL 36340

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>03-0552490</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAPITOL CORPORATE SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**

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 file if applicable      (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TURNER, MARLIN E 2001 WEST MAGNOLIA AVENUE GENEVA, AL 36340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, AARON I 1390 ENCLAVE PKWY. HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURZ, THOMAS P 1390 ENCLAVE PKWY. HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GULLION, ANN F 1390 ENCLAVE PKWY. HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICOLS, MICHAEL C 1390 ENCLAVE PKWY. HOUSTON, TX 77077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAY SANDERS, DIANE 1390 ENCLAVE PKWY. HOUSTON, TX 77077

U00000431768  
 02/23/06-80039-026 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*      1/17/06      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #