2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19781

FILED Jan 03, 2007 Secretary of State

Entity Name: JOHNSON FOOD SERVICES, INC.

Current Princ	ipal Place	of Business:	New Principal Plac	e of Busiliess.
704 E MYERS MASCOTTE, F		US		
Current Mailii	ng Addres	s:	New Mailing Addre	ess:
704 E MYERS MASCOTTE, F		US		
FEI Number: 59-2	2887811	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Ad	ldress of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
JOHNSON, ST 704 E MYERS MASCOTTE, F	BLVD	US		
The above nan		ubmits this statement for the pu	rpose of changing its register	red office or registered agent, or both,
in the State of I	Flullua.			
	Florida.			
		ic Signature of Registered Ager	nt	Date
SIGNATURE:	Electroni	c Signature of Registered Ager	nt	Date
in the State of I SIGNATURE: Election Campaig	Electroni	Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTORS
SIGNATURE: Election Campaig OFFICERS AN Title: PD Name: JO Address: 60	Electroni	Trust Fund Contribution (). FORS: Delete ID R.,		
SIGNATURE: Election Campaig OFFICERS AN Title: PD Name: JO Address: 60 City-St-Zip: BU Title: D Name: JO Address: 60	Electronicing Financing ND DIRECTORY (1) DHNSON, ARV D16 DOLVIN LAUFORD, GA	Trust Fund Contribution (). FORS: Delete ID R., ANE Delete HER O.,	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
SIGNATURE: Election Campaig OFFICERS AN Title: PD Name: JO Address: 60 City-St-Zip: BU Title: D Name: JO Address: 60 City-St-Zip: BU Title: ST Name: JO Address: JO Address: JO Address: JO Address: JO Address: JO Address: JO	Electronicing Financing ND DIRECT DHNSON, ARV 16 DOLVIN LA JFORD, GA () OHNSON, EST 16 DOLVIN LA JFORD, GA	Trust Fund Contribution (). FORS: Delete ID R., ANE Delete HER O., ANE Delete VEN E., CHURCH RD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN E. JOHNSON STDV 01/03/2007