

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M79716

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** FOOD SERVICE SALES & MARKETING ASSOCIATES, INC.

**Current Principal Place of Business:**

5201 W LAUREL ST.  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18426  
TAMPA, FL 336798426 US

**New Mailing Address:**

FEI Number: 59-2979554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODWIN, JAMES W., II  
215 MADISON STREET  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

GOODWIN, JAMES W., II  
201 N FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 US

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: JAMES W. GOODWIN

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: SCHREIBER, TOM,  
Address: 3111 DELEON ST  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: THOMAS SCHREIBER

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date