


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90219 013 ***158.75

DOCUMENT # P33098
 1. Entity Name
INSTITUTION FOOD HOUSE, INC.



Principal Place of Business Mailing Address
 PO DRAWER 1368 PO DRAWER 1368
 HICKORY NC 28603-8368 HICKORY NC 28603-8368

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **56-0851105** Applied For
 Not Applicable

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

4400000



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANSFIELD, DAVE	
STREET ADDRESS	P O DRAWER 1368	
CITY-ST-ZIP	HICKORY NC 28603-1368	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KNEDLIK, RONALD W.	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GEORGE, BOYD L.	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCHELL, DENNIS	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC 28603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 828-315-6024

Date Daytime Phone #