


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
PO DRAWER 1368 **PO DRAWER 1368**
HICKORY, NC 28603 **HICKORY, NC 28603**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
56-0851105 Not Applicable

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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	P
NAME	STANSFIELD, DAVE
STREET ADDRESS	P O DRAWER 1368
CITY - ST - ZIP	HICKORY, NC 286031368
TITLE	STD
NAME	KNEDLIK, RONALD W.
STREET ADDRESS	120 4TH ST SW
CITY - ST - ZIP	HICKORY, NC 28603
TITLE	CD
NAME	GEORGE, BOYD L.
STREET ADDRESS	120 4TH ST SW
CITY - ST - ZIP	HICKORY, NC 28603
TITLE	D
NAME	HATCHELL, DENNIS
STREET ADDRESS	120 4TH ST SW
CITY - ST - ZIP	HICKORY, NC 28603
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000497261
 04/22/06-80046-011 158.75

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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: David A. Stansfield David A. Stansfield 4/3/06 800-800-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #