


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P33098 1. Entity Name INSTITUTION FOOD HOUSE, INC.	
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Principal Place of Business 543 12TH STREET DRIVE NW HICKORY, NC 28601	Mailing Address PO BOX 2947 HICKORY, NC 28603
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DO NOT WRITE IN THIS SPACE



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0851105	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000946100
 05/30/08-80034-024 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANSFIELD, DAVE 543 12TH STREET DRIVE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNEDLIK, RONALD W. 120 4TH ST SW HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEORGE, BOYD L. 120 4TH ST SW HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHELL, DENNIS 120 4TH ST SW HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF GIBBS, EMELINE 543 12TH STREET DRIVE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Emeline Gibbs 4/28/08 800-800-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #