


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 013 ***150.00

DOCUMENT # S68010
 1. Entity Name
FOOD SUPPLY, INC.



Principal Place of Business 3100 S RIDGEWOOD AVE UNIT 100 SOUTH DAYTONA, FL 32119	Mailing Address 3100 S RIDGEWOOD AVE UNIT 100 SOUTH DAYTONA, FL 32119
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DO NOT WRITE IN THIS SPACE

90069013



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3075766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROTTY, MICHAEL D
 1825 BUSINESS PARK BLVD.
 SUITE A
 DAYTONA BEACH, FL 32114

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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 _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SACKS, DAVID 9 BROAD WATER DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUSA, JAMES 2453 AVOCADO DRIVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOTZEL, STEPHEN 16 WINCHESTER ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHENY, CHARLES 1143 ORANGE AVE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: James Sousa 4/4/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #