

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 188142

FILED
Apr 17, 2007
Secretary of State

Entity Name: FLORIDA FOOD SERVICE, INC.

Current Principal Place of Business:

5201 N.E. 40 TERR
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5247
GAINESVILLE, FL 32627 US

New Mailing Address:

FEI Number: 59-0756596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISLAM, JOEL S PRES
1724 NW 51ST TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: O'STEEN, STEVE M.
Address: 18320 NW 55TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: CD () Delete
Name: ISLAM S. JAMES,
Address: 5020 N.W. 19 PL
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: ISLAM, JEFFREY S.
Address: 4019 NW 23RD DR.
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: ISLAM, JOEL S.
Address: 1724 N.W. 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: TOKAR, JOEL
Address: 4396 BANKS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: BARBIERI, STEPHEN R
Address: 2244 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: STEPHEN R BARBIERI

VP

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date