

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90066 002 ***150.00

DOCUMENT # 633240	
1. Entity Name	
LOOPERS FOOD SERVICE, INC.	



Principal Place of Business	Mailing Address
1395 E. LAFAYETTE ST. TALLAHASSEE FL 32301	1395 E. LAFAYETTE ST. TALLAHASSEE FL 32301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1928995		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		7. Name and Address of New Registered Agent
LABASKY, RONALD A. 318 NORTH MONROE STREET TALLAHASSEE FL 32302		Name (same) Street Address (P.O. Box Number is Not Acceptable) 310 W. College Avenue City Tallahassee FL Zip Code 32301

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SCRANTON JR, PAUL	NAME	
STREET ADDRESS	4810 LANCASHURE LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32308	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	SCRANTON, PATTY	NAME	
STREET ADDRESS	4810 LANCASHURE LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Patricia Q. Scranton Patricia Q. Scranton 3/29/05 (850) 877-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #