## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # 825109  1. Entity Name  JOSEPH FOODSERVICE, INC.						04-29-2005	90329 00	01 ***30	0.00
Principal Place of Business		Mailing Address	Mailing Address		1				
107 AVENUE B			IJ COMPANY - STEVE ELLISON						
PO BOX 1187 VALDOSTA, GA 31601		P.O. BOX 51890	P.O. BOX 51890 Knoxville, Tn 37950-1890 US						
VALDOSIA, UK STOOT		KNUAVILLE, IN 379	MOXVILLE, 114 37530-1050 03						10   10
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03162005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State	City & State		4. FEI Number 58-0825			<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add	
	6. Name and Address of Co		7. Name and	Address of New R	egistered Ag	ent			
CADITAL	CONNECTION INC	Name							
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. SUITE 1			•	Street Address (	eet Address (P.O. Box Number is Not Acceptable)				
	SSEE, FL., FL 32301								
				City			FL	Zip Code	•
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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
After Ma	E NOWIII FEE IS \$150.0 ay 1, 2005 Fee will be \$	550.00 Trust Fund Co	entribution.	Adk	.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 1					CHANGES TO OFF			
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STREET ADDRESS	_		STR	EET ADDRESS	-				
CITY-ST-ZIP				Y-ST-ZIP					
12. I hereby	certify that the information suppli on this report or supplemental r	ied with this filing does not qualify eport is true and accurate and the	for the exe	emption stated in Sature shall have the	ection 119.07(3)( same legal effec	i), Florida Statutes. t as if made under	I further certi- oath; that I a	fy that the i	nformation or director

12. Thereby certify that the information supplied with this filling does not guellify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under or oath; that I am an officer or director of the corporation or the receiver or trustee employed 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 this empowered.

SIGNATURE:

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05

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