

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90210 014 ***150.00

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1. Entity Name
FOOD SERVICE FRANCHISE CORPORATION

Principal Place of Business
**820 MARITIME COURT
 BRADENTON, FL 34212**

Mailing Address
**1007 N. MAIN STREET
 COLUMBIA, IL 62236**

40067620

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

01252006 Chg-P CR2E034 (11/05)

Zip Country

Zip Country

4. FEI Number

43-1749902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TIMMONS, WILLIAM
 820 MARITIME COURT
 BRADENTON, FL 34212**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP Delete
 NAME TIMMONS, WILLIAM
 STREET ADDRESS 1200 RUECK RD.
 CITY-ST-ZIP COLUMBIA, IL 62236

TITLE D Delete
 NAME TIMMONS, CYNTHIA
 STREET ADDRESS 1200 RUECK RD.
 CITY-ST-ZIP COLUMBIA, IL 62236

TITLE DT Delete
 NAME TIMMONS, KRISTOPHER
 STREET ADDRESS 404 S. FERKEL STREET
 CITY-ST-ZIP COLUMBIA, IL 62236

TITLE S Delete
 NAME DINEEN, DIANE
 STREET ADDRESS 426 S. HICKORY
 CITY-ST-ZIP SMITHTON, IL 62285

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *DV Timmons, Kristopher*
 STREET ADDRESS *447 Terry Dr.*
 CITY-ST-ZIP *Columbia IL 62236*

TITLE Change Addition
 NAME *S Spriggs, Cynthia*
 STREET ADDRESS *1158 White Pine Circle*
 CITY-ST-ZIP *Columbia IL 62236*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Cynthia Spriggs Cynthia Spriggs 4/24/06 618-281-3100 ext 623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #