

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # F03000004992

1. Entity Name
FOOD SERVICE FRANCHISE CORPORATION



Principal Place of Business
4907 YACHT CLUB DR.
TAMPA, FL 33616

Mailing Address
1007 N. MAIN STREET
COLUMBIA, IL 62236



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1749902	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

TIMMONS, WILLIAMS
4907 YACHT CLUB DR
TAMPA, FL 33616

**DO NOT WRITE
IN THIS SPACE**

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, 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	CP TIMMONS, WILLIAM 1200 RUECK RD. COLUMBIA, IL 62236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMONS, CYNTHIA 1200 RUECK RD. COLUMBIA, IL 62236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TIMMONS, KRSTOPHER 447 TERRY DR. COLUMBIA, IL 62236
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, SAMUEL 2129 INGALLS CIRCLE O'FALLON, MO 63368
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/20/08-80013-010.150.00

**DO NOT WRITE
IN THIS SPACE**

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: Samuel Knight **Samuel Knight** Sec. 2/7/08 618-281-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #