

**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:  \$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: \_\_\_\_\_ (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	CP
NAME	TIMMONS, WILLIAM
STREET ADDRESS	1200 RUECK RD.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	D
NAME	TIMMONS, CYNTHIA
STREET ADDRESS	1200 RUECK RD.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	DV
NAME	TIMMONS, KRSTOPHER
STREET ADDRESS	447 TERRY DR.
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	S
NAME	KNIGHT, SAMUEL
STREET ADDRESS	2129 INGALLS CIRCLE
CITY-ST-ZIP	O'FALLON, MO 63368
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000822801  
 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 #