2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004992

O'FALLON, MO 63368

City-St-Zip:

Entity Name: FOOD SERVICE FRANCHISE CORPORATION

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
1007 NOR	TH MAIN ST 4, IL 62236	. Of Business.	new r mile	ipai i iacc oi	Business.	
Current Mailing Address:			New Mailing Address:			
	TH MAIN ST 4, IL 62236					
FEI Number:	: 43-1749902	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1203 GOV SUITE 101 TALLAHAS The above	ERNOR'S SQ SSEE, FL 323 named entity	012960 US	urpose of changing it	s registered (office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU		· O. 1				
	Electroi	nic Signature of Registered Ager	זנ		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP (TIMMONS, WII 1200 RUECK F COLUMBIA, IL	RD.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (TIMMONS, CYI 1200 RUECK F COLUMBIA, IL	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (TIMMONS, KR 447 TERRY DF COLUMBIA, IL	₹.	Title: Name: Address: City-St-Zip:	P () TIMMONS, KR 447 TERRY D COLUMBIA, IL	R.	
Title: Name: Address:	S (KNIGHT, SAMU 2129 INGALLS		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SAMUEL KNIGHT S 01/12/2009