

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003903

Entity Name: FOOD MASTERS, INC.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

35647 HIGHWAY 27  
HAINES CITY, FL 33845

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 58399  
RALEIGH, NC 276580399

## New Mailing Address:

FEI Number: 56-1189353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MOORE, LYMAN D  
35647 HIGHWAY 27  
HAINES CITY, FL 33845 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: MOORE, RONALD L  
Address: 8700 SOUTHAMPTON DRIVE  
City-St-Zip: RALEIGH, NC 27615

Title: VCVP ( ) Delete  
Name: MOORE, THOMAS W  
Address: 1521 HUNTING RIDGE ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: DS ( ) Delete  
Name: BLEVINS, KENNETH E  
Address: 1523 CRENSHAW POINT  
City-St-Zip: WAKE FOREST, NC 27587

Title: T ( ) Delete  
Name: CASTEEN, WILLIAM R  
Address: 8204 KINGSWOOD COURT  
City-St-Zip: RALEIGH, NC 276134208

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: W. R. CASTEEN

T

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date