## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE** 

## Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # F05000001036 1. Entity Name 02-20-2006 90054 029 \*\*\*150.00 CAMPUS DINING, INC. Principal Place of Business Mailing Address SU BOX 2271 800 LAKESHORE DRIVE BIRMINGHAM AL 35229 SU BOX 2271 800 LAKESHORE DRIVE BIRMINGHAM AL 35229 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 81-0619534 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARMER, LAVERNE A Street Address (P.O. Box Number is Not Acceptable) 4822 PERIDIA BOULEVARD EAST **BRADENTON FL 34203** Zip Code City 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 2-8-06 DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITLE PC TITLE VΡ Change K Addition ☐ Defete NAME CARMON, CHARLES E NAME Vizzina, Christopher, Sr. 2722 Altadena Lake Road STREET ADDRESS STREET ADDRESS 4601 MELISSA WAY CITY-ST-ZIP **BIRMINGHAM AL 35243** CITY-ST-ZIP -Birmingham, AL 35223 Delete TITLE Change Addition NAME DANIEL, KENNETH R NAME STREET ADDRESS 1664 RUSSET CREST LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOOVER AL 35244 ☐ Addition Delete ☐ Change TITLE NAME FARMER, LEVERN A STREET ADDRESS STREET ADDRESS 4822 PERIDIA BOULEVARD EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED