



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90017 040 \*\*\*150.00

<b>DOCUMENT # F05000007028</b> 1. Entity Name <b>MARKET DAY GOURMET, INC.</b>					
Principal Place of Business <b>555 W. PIERCE ROAD, SUITE 200</b> <b>ITASCA, IL 60143</b>			Mailing Address <b>555 W. PIERCE ROAD, SUITE 200</b> <b>ITASCA, IL 60143</b>		
2. Principal Place of Business <b>555</b>		3. Mailing Address <b>555</b>		 02092006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1192168</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BOISES, JEFFREY E 555 W. PIERCE ROAD, SUITE 200 ITASCA, IL 60143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ← Change → Addition 555 ←	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS SIVAK, WILLIAM S JR. 555 W. PIERCE ROAD, SUITE 200 ITASCA, IL 60143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, MICHAEL B 555 W. PIERCE ROAD, SUITE 200 ITASCA, IL 60143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GREGORY J 555 W. PIERCE ROAD, SUITE 200 ITASCA, IL 60143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Butler, Gregory J. 555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT L 222 SOUTH NINTH STREET, SUITE 3230 MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUDGE, JEFFREY A 222 SOUTH NINTH STREET, SUITE 3230 MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Michael B. Davis</u> <b>TREASURER</b>			Date: <u>2/15/06</u> Daytime Phone #: <u>630.285.1470</u>		

# ATTACHMENT

40016361

**2006 Annual Report**  
**Florida Department of State**  
**Division of Corporations**

Market Day Gourmet, Inc.  
Corporate ID: F05000007028

## Additional Director

Brett Habstritt  
Director  
222 S. Ninth St., Ste. 3230  
Minneapolis, MN 55402