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

SIGNATURE:

## Apr 10, 2006 8:00 am Secretary of State DOCUMENT # F34637 1. Entity Name 04-10-2006 90310 019 \*\*\*150 00 ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC. Principal Place of Business Mailing Address 86822000 P.O. BOX 90969 424 LAKE MIRROR DRIVE LAKELAND FL 33804-0969 LAKELAND FL 33801 Principal Place of Business 3. Mailing Address Road 4459 Holden Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number 59-2364280 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANTON, J. ROGER O. Box Number is Not Acceptable) 424 LAKE MIRROR DRIVE LAKELAND FL 33801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. ☐ Addition TITLE CPD ☐ Delete TITLE NAME BLANTON, J. ROGER NAME 1722 BROKENARROW TR. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIE LAKELAND FL 33813 ☐ Delete TITLE ☐ Change Addition TITLE D HOMAN, PETE C NAME STREET ADDRESS STREET ADDRESS 16840 98TH WAY CHY-ST-ZIP JUPITER FL 33478 CITY-ST-7IP HILE E-belete Hitt i NAME MAME BLANTON, RICHARD H STREET ADDRESS STREET ADDRESS 828 PARK LANE CITY-ST-ZIP CITY-S1-ZIP MADISON GA 30650 TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILE NAME NAM! STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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

Roger Blanton 3:10.06 863:648.031

**FILED**