

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55246

FILED
Jan 14, 2009
Secretary of State

Entity Name: APALACHEE FOOD SERVICES, INC.

Current Principal Place of Business:

10536 NW SR 20
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

PO BOX 850
10536 NW SR 20
BRISTOL, FL 32321 US

New Mailing Address:

PO BOX 850
BRISTOL, FL 32321 US

FEI Number: 59-2146911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, GARY
10536 NW SR 20
BRISTOL, FL 32321 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: PD () Delete
Name: RICHARDS, GARY
Address: 10536 NW SR 20
City-St-Zip: BRISTOL, FL 32321

Title: VSTD () Delete
Name: RICHARDS, MYRTLE
Address: 10536 NW SR 20
City-St-Zip: BRISTOL, FL 32321

Title: V () Delete
Name: ALLEN, JONATHAN
Address: P.O. BOX 912
City-St-Zip: BRISTOL, FL 32321

Title: V () Delete
Name: ALLEN, VANESSA G
Address: 125714 NW BIRD POND RD
City-St-Zip: BRISTOL, FL 32321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: ALLEN, JONATHAN
Address: 125714 NW BIRD POND RD
City-St-Zip: BRISTOL, FL 32321

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

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.

SIGNATURE: GARY RICHARDS

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date