

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F84014

1. Entity Name
FOOD & DRINK, INC.



Principal Place of Business

**13451-16 MCGREGOR BLVD
FT MYERS, FL 33919**

Mailing Address

**13451-16 MCGREGOR BLVD
FT MYERS, FL 33919**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2209672	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHILLING, MICHAEL L
13451-16 MCGREGOR BLVD
FT. MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, KIPP T 128 S SEWALLS PT. RD. SEWALLS PT., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, B. JAMES 7 TIMOR STREET SEWALLS PT., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASEN, MATTHEW 14781 JOHNATHAN HARBOR DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLING, MICHAEL L. 13451 MCGREGOR BLVD #16 FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80078-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael L. Schilling MICHAEL L. SCHILLING 1-11-08 239-484-2226