


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90033 010 \*\*\*150.00

**DOCUMENT # F96000001299**

1. Entity Name  
**METROPOLITAN FOODS, INC.**



Principal Place of Business      Mailing Address


**536-D ST. ANDREWS ROAD**      **3225 CUMBERLAND BLVD.**  
**BOX 156**      **STE. 100**  
**COLUMBIA, SC 29210**      **ATLANTA, GA 30339**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01082008      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

4. FEI Number      Applied For

**58-1868009**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_

**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	D	<input type="checkbox"/> Delete
NAME	BOLCH, CARL JR	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCBRAYER, MAX JR.	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JIM	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	DUMBACHER, ROBERT J	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	GURA, PHILIP P	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENKER, MAX	
STREET ADDRESS	3225 CUMBERLAND BLVD, STE. 100	
CITY-ST-ZIP	ATLANTA, GA 30339	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**       **3/26/08**      **770-431-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #