## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # F96000002813  1. Entity Name SAVANNAH FOODS INDUSTRIAL, INC.							04-26-20	05 90163	014 ***	150.00	
Principal Plac	e of Business	Mailing Address	Mailing Address								
3000 TREMONT RD. P O BOX 9 SAVANNAH, GA 31412 US SUGAR LAND, TX 77487 U				5		4 1	45145 BAR 6614				
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State				4. FEI Number 58-2181649				plied For t Applicable	
Zip	Country	Zip	Country			5. Certificate of Status Desired \$8.75				litional	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New F	legistered A	gent		
C T CORPORATION SYSTEM											
	TH PINE ISLAND ROAD ON, FL 33324		Street Address (P.O. Box Number is Not Acceptable)								
				City				FL	Zip Code		
	named entity submits this statement to ions of registered agent.						n, at the State of Fr		amınar wun,	and accept	
	Signature, typed or printed name of registered agen	and little if applicable. (NOTE:	Registered	d Agent signatu	te required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contril		cing		00 May Be ed to Fees					
10.			11.		D		CHANGES TO OFF		DIRECTORS  ☐ Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SCHWER, WILLIAM F. 8016 HWY 90 A STR		NAME STREE	i i	šc.	hWER,	W.IIIAM	F.	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORDES, ROY L 8016 HWY 90 A SUGAR LAND, TX 77478				801	DRAKER Change BAND RAKER Change BAND OF THE LAND TY 77478					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MECHLER, H P 8016 HWY 90A SUGAR LAND, TX 77478								Change	Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	T STORY, ERIC J 8016 HWY 90 A SUGAR LAND, TX 77478	C J		E Et address -St-Zip					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI STR		1	E Et adoress -St-Zip	DIRI Roi Sui	ECTOR bert f be Hwy sar Lo	1. Peiser 190A nd TY	77478	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				<i>J</i>			Change	Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my lowered to execute this report a	y signat is requir	ure shall ha red by Char	ave the s pter 607	same legal effec , Florida Statute Mucc ,	t as if made under s; and that my nam	oath; that I a le appears in	m an officer Block 10 or 2-8/	or director Black 11 if	
SIGNAT	URE: Ousm Ale	PRINTED HAME OF SIGNING OFFICER O	A DIRECT	515T.	5,	ecrotori	42010:		LGO sytime Phone #	9617	