

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004525

Entity Name: PRECISION FOODS, INC.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11457 OLDE CABIN RD.  
ST LOUIS, MO 63141

**New Principal Place of Business:**

**Current Mailing Address:**

11457 OLDE CABIN RD.  
ST LOUIS, MO 63141

**New Mailing Address:**

FEI Number: 42-1385049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRITZ, J L  
Address: 11457 OLDE CABIN ROAD  
City-St-Zip: ST. LOUIS, MO 63141

Title: CD  
Name: KENT, G A  
Address: 1600 OREGON STREET  
City-St-Zip: MUSCATINE, IA 52761

Title: VS  
Name: KUHL, J A  
Address: 1600 OREGON STREET  
City-St-Zip: MUSCATINE, IA 52761

Title: T  
Name: DUNSMORE, M R  
Address: 1600 OREGON STREET  
City-St-Zip: MUSCATINE, IA 52761

Title: AS  
Name: THOMSEN, E J  
Address: 1600 OREGON STREET  
City-St-Zip: MUSCATINE, IA 52761

Title: V  
Name: HUCK, C M  
Address: 11457 OLDE CABIN ROAD  
City-St-Zip: ST. LOUIS, MO 63141

I hereby 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 all other like empowered.

SIGNATURE: J A KUHL

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02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date