


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000309 1. Entity Name EAGLE FAMILY FOODS, INC.	
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Principal Place of Business 735 TAYLOR ROAD GAHANNA, OH 43230	Mailing Address 735 TAYLOR ROAD GAHANNA, OH 43230
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3982757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHOWDEN, LORI S 735 TAYLOR ROAD GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONTI, MICHAEL P 735 TAYLOR ROAD GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEINKE, CRAIG 220 WHITE PLAINS RD TARRYTOWN, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STRUNK, HAROLD G 735 TAYLOR ROAD GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HORD, RONALD E JR. 735 TAYLOR ROAD GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CROUSE, KELLY 735 TAYLOR ROAD GAHANNA, OH 43230

1100000185659
01/21/05-80024-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lori S. Snowden 1/14/05 614-501-4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #