2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 08:00 AM Secretary of State **DOCUMENT # K09462** 1. Entity Name FLORIDA FOOD SERVICES ASSOCIATES, INC. Mailing Address Principal Place of Business P.O. BOX 2750 15 KIT CT FLETCHER NC 28732 FAIRVIEW NC 38730 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 58-1763237 Not Applicate Country Ziα Country \$8.75 Additional 5. Certificate of Status Desired 73 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUMPF, GERALD E 346 VARELLA AVE Street Address (P.O. Box Number is Not Acceptable) SAINT AUGUSTINE FL 32084 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE . Signature hyped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature micrared when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TRILE ☐ Delete TITLE U00000491036 NAME KUMPF, GERALD E NAME 04/19/06-80007-004 150.00 STREET ADDRESS STREET ADDRESS 15 KIT CT CITY-ST-27P CITY-ST-ZIP FLETCHER NC 28732 Acn' Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Add ☐ Delete HILE TITLE NAME STREET ADDRESS STREET AUDRESS CITY-Sc-UP CITY-ST-ZIP ☐ Defete Change ∏ ååå∵ TOTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ A60 Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DE TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CHRY-SI-ZIP CASY-ST-ZIP

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12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct of the curporation 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 if changed, or on an attachment with an address, with all other like empowered. ent Govald E. Kung 3

SIGNATURE: