


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00592</b> 1. Entity Name ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELING, WV	
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Principal Place of Business 21 ARMORY DRIVE WHEELING, WV 26003	Mailing Address 21 ARMORY DRIVE WHEELING, WV 26003
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**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0584424	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURKE, WAYNE BOX 117 ROAD 1 WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HAILEY, DOUGLAS 11 AGGIES WAY WATERBURY CENTER, VT 05677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHT, J. DREXEL 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRECHT, KNUTE C 950 WEST VALLEY ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000062142  
02/23/04-80109-013 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <b>WAYNE BURKE</b>	Date: <b>2/18/2004</b>	Daytime Phone #: <b>304-242-6200</b>
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