


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01646 1. Entity Name BAR-S FOODS CO.	
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Principal Place of Business 3838 N CENTRAL AVE STE-1900 PO BOX 29049 PHOENIX, AZ 85038-9049 US	Mailing Address 3838 N CENTRAL AVE STE-1900 PO BOX 29049 PHOENIX, AZ 85038-9049 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0409987	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 CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303

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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: _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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	DC DAY, TIMOTHY P O BOX 697 TETON VILLAGE, WY 830250697
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KINNE, MORRIS Y PO BOX 700 TETON VILLAGE, WY 83025
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KUYKENDALL, JAMES S 3838 N CENTRAL AVE STE-1900 PHOENIX, AZ 850129049
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ASHTON, HARRIS J 191 CLAPBOARD RIDGE ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD UHL, ROBERT W 8534 N. 16TH PLACE PHOENIX, AZ 85020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS WEINMAN, THOMAS F 11802 N. 60TH STREET SCOTTSDALE, AZ 85254

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04/14/05-80084-005 150.00

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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)(f), 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: *J. S. Kuykendall* 3838 N CENTRAL AVE (402) 264-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #