## 2006 FOR PROFIT CORPORATION

CITY - ST - ZIP

## May 04, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000006842 R. D.'S FOODS, INC. Principal Place of Business Mailing Address **611 WEST AZEELE STREET** 611 WEST AZEELE STREET TAMPA, FL 33606 TAMPA, FL 33606 US CR2E034 (11/05) 04302006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1654015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, H. STRATTON III DO NOT WRITE 611 WEST AZEELE STREET TAMPA, FL 33606 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PSD DICKMAN, RONALD Q PSD NAME STREET ADDRESS 611 WEST AZEELE STREET CITY ST ZIP TAMPA, FL 33606 U00000561408 05/19/06-80014-006 150.00 TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME: STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE DILE STREET ADDRESS CITY ST ZIP TITLE STREET ADDRESS CITY ST ZIP NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

Kongras Q Dicker

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**