
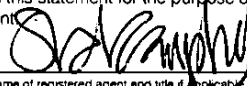
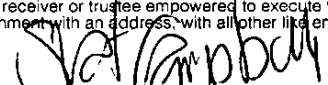


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 041 ***158.75

DOCUMENT # P03000067724 1. Entity Name FATBOYS FOOD SERVICE EQUIPMENT, INC.					
Principal Place of Business 8 NW 125TH AVENUE OCALA, FL 34482			Mailing Address 8 NW 125TH AVENUE OCALA, FL 34482		
2. Principal Place of Business 12450 SE 58th LANE Suite, Apt. #, etc. _____		3. Mailing Address 12450 SE 58th LANE Suite, Apt. #, etc. _____			
City & State MORRISTON, FL		City & State MORRISTON, FL		4. FEI Number 05-0577249	
Zip 32668		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, STUART 8 NW 125TH AVENUE OCALA, FL 34482			7. Name and Address of New Registered Agent Name CAMPBELL, STUART Street Address (P.O. Box Number is Not Acceptable) 12450 SE 58th LANE City MORRISTON FL Zip Code 32668		
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  Stuart Campbell 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CAMPBELL, STUART 8 NW 125TH AVENUE OCALA, FL 34482	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CAMPBELL, STUART 12450 SE 58th LANE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEELD, CHRISTOPHER 8 NW 125TH AVENUE OCALA, FL 34482	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEELD, CHRISTOPHER 12450 SE 58th LANE MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
12. I hereby 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.					
SIGNATURE: 				Date 3/13/06 Daytime Phone # 352-624-9000	