2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144454

FILED May 01, 2008 Secretary of State

Entity Nar	ne: FAMILY F	FOOD SERVICE CORPORA	TION		
Current P	rincipal Place	of Business:	New Principal Pl	New Principal Place of Business:	
P O BOX 1 PENSACC	1965 PLA, FL 32524		5625 DIXIE DR. STE. 8 PENSACOLA, FL		
Current M	ailing Addres	ss:	New Mailing Add	New Mailing Address:	
P O BOX 1 PENSACO	1965 LA, FL 32524				
FEI Number:	20-1774042	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
	REGORY OW RIDGE D DLA, FL 32514		5625 DIXIE DR. STE. 8		
	named entity of Florida.	submits this statement for the	e purpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: GREG POMAS				05/01/2008	
	Electror	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () POMAS, GREG P O BOX 1196 PENSACOLA, I	5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (POMAS, CARC P O BOX 1196 PENSACOLA, I	5	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARON POMAS VΡ 05/01/2008