

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P09904

1. Entity Name
MORAN FOODS, INC.



Principal Place of Business
**100 CORPORATE OFFICE DRIVE
EARTH CITY, MO 63045**

Mailing Address
**P.O. BOX 990- TAX DEPT
MINNEAPOLIS, MN 55440 US**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1283296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORAN, WILLIAM M. JR.
STREET ADDRESS 100 CORPORATE OFFICE DRIVE
CITY-ST-ZIP EARTH CITY, MO 63045

TITLE VPS
NAME BREEDLOVE, JOHN P.
STREET ADDRESS 11840 VALLEY VIEW ROAD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE VCD
NAME BOEHNEN, DAVID L
STREET ADDRESS 11840 VALLEY VIEW ROAD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE VP
NAME STOFFEL, JAMES L
STREET ADDRESS 11840 VALLEY VIEW ROAD
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/17/06-80113-004 150.00

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IN THIS SPACE**

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: James L. Stoffel 4-28-06 952 294 7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #