

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P18599**

1. Entity Name  
**HUNGRY HOWIE'S DISTRIBUTING, INC.**



Principal Place of Business  
**30300 STEPHENSON HIGHWAY  
MADISON HEIGHTS, MI 48071 US**

Mailing Address  
**30300 STEPHENSON HIGHWAY  
MADISON HEIGHTS, MI 48071 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-2684876**

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, 2007 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	JACKSON, THOMAS R.
STREET ADDRESS	35762 VERI COURT
CITY - ST - ZIP	LIVONIA, MI 48152
TITLE	VD
NAME	HEARN, JAMES
STREET ADDRESS	2829 COBBLESTONE DRIVE
CITY - ST - ZIP	PALM HARBOR, FL
TITLE	SD
NAME	JACKSON, STEVEN E.
STREET ADDRESS	210 LONE PINE ROAD
CITY - ST - ZIP	BLOOMFIELD HILLS, MI
TITLE	TD
NAME	DEANGELIS, JOHN
STREET ADDRESS	99 LINDA LANE
CITY - ST - ZIP	BLOOMFIELD HILLS, MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/07-80043-010 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tom Jackson* 4-12-07 248-414-3300