

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



01042008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000308879
05/06/08-80048-005 150.00

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

**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 #

4.17.08 248-414-3333