
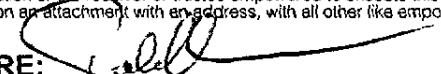


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000072665		
1. Entity Name PENSACOLA FOODS, INC.		
Principal Place of Business 610 N. NAVY BLVD. PENSACOLA, FL 32507 US		Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">01102006 No Chg-P CR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-3272067</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent KAZBOUR, TALAL 1326 E LUMSDEN RD BRANDON, FL 33511		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZBOUR, TALAL A 1326 E LUMSDEN ROAD BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, WILLIAM 1326 E LUMSDEN ROAD BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, WILLIAM 1326 E LUMSDEN ROAD BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 3-7-06 Daytime Phone # 813-681-0622