


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3272067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAZBOUR, TALAL 1326 E LUMSDEN RD BRANDON, FL 33511
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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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04/17/07-80041-008 150.00

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: 	Talal Kazbour 4/4/07 (813)6840622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #