## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 03, 2006 08:00 AM

ANNOAL REPORT				Secretary of State		
1. Entity Nan	MENT # P950000782 oods, INC.	25			Scree	ary or state
1	ce of Business HTON ROAD , FL 32504 US	Mailing Address % Managing Food, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511 US				
E	OO NOT WRITE		CE	01102006 4. FE) Numb 59-335	- No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
<del></del>	6. Name and Address of Current Re	gistered Agent	-			
CURRY, CLIFTON C JR. 750 WEST LUMSDEN ROAD BRANDON, FL 33511			DO NOT WRITE IN THIS SPACE			
6. 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 it applicable. (NOTE: Registered A				when reinstating)		DATE
FILE NOWILL FEE IS \$150.00  8. Election Campaign Finan After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.				00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS	ł			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZBOUR, TALAL 1326 E LUMSDEN ROAD BRANDON, FL 33511	· •				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, SCOTT 1326 E LUMSDALE RD BRANDON, FL 33511				U000004 04/18/06-8	89236 10006-019 150.00
NAME STREET ADDRESS CITY-ST-ZIP	T GONSALVES, ROSS 1326 E LUMSDEN ROAD BRANDON, FL 33511				NOT WE	
RITLE NAME STREET ADDRESS CRIY-ST-ZIP				IN T	THIS SPA	ACE
IIILE NAME STREET ADDRESS CATY-ST-ZIP	_					
TIPLE NAME STREET AODRESS						

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 attractment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: