

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000082923**

1. Entity Name  
**FOODSERVICE CONSULTANTS, INC.**



Principal Place of Business <b>4199 SW 130 AVE</b> <b>DAVIE, FL 33330 US</b>	Mailing Address <b>4199 SW 130 AVE</b> <b>DAVIE, FL 33330 US</b>
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**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0625304</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIESMUTH, ROBERT**  
**4199 SW 130TH AVENUE**  
**DAVIE, FL 33330**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRIESMUTH, ROBERT M 4199 SW 130 AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000243920  
 02/25/05-80061-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE: Robert Friesmuth **2/22/05 954915-8369**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #