

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034831

Entity Name: GEMINI FOOD SERVICE, INC.

FILED  
Feb 08, 2006  
Secretary of State

**Current Principal Place of Business:**

7815 - 38TH AVE N  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

7815 - 38TH AVE N  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-3374570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'NEAL, ROCK  
150-153 AVE  
STE 203  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KROPP, WILLIAM F  
Address: 5518 21ST AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: KROPP, FAYE G  
Address: 5518 21ST AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F KROPP

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date