


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90395 036 \*\*\*150.00

<b>DOCUMENT # P98000054979</b> 1. Entity Name <b>MAHAN FOODS, INC.</b>					
Principal Place of Business <b>% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511</b>			Mailing Address <b>% MANAGING FOOD, LLC 1326 E. LUMSDEN RD BRANDON, FL 33511</b>		
2. Principal Place of Business <i>3111 Mahan Dr.</i>		3. Mailing Address <i>Suite 24</i>			
Suite, Apt. #, etc. <i>Suite 24</i>		Suite, Apt. #, etc. <i>Tallahassee FL 32301</i>			
City & State <i>Tallahassee FL 32301</i>		City & State <i>Tallahassee FL 32301</i>			
Zip <i>32301</i>		Country <i>USA</i>		4. FEI Number <b>59-3518668</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CURRY, CLIFTON C JR 750 W LUMSDEN ROAD BRANDON, FL 33511</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAZBOUR, TAREK 1326 E LUMSDEN ROAD BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAZBOUR, ZIAD 1326 E LUMSDEN ROAD BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAREINI, MIKE 1326 E LUMSDEN ROAD BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
<b>SIGNATURE:</b> _____			Date <i>4-13-05</i> Daytime Phone # <i>813-684-0602</i>		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					