


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90165 045 ***150.00

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| DOCUMENT # P99000022178 |  |
| 1. Entity Name TOBACCO AND FOOD SERVICE INC. | |

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| Principal Place of Business 1021 PARK STREET JACKSONVILLE, FL 32204 | Mailing Address P.O. BOX 24668 JACKSONVILLE, FL 32241-4668 |
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20048158



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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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03312005 Chg-P CR2E034 (10/03)

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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 4. FEI Number 59-3559808 | Applied For Not Applicable |
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| 6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A 3617 CROWN PT RD # 1 SUITE #2 JACKSONVILLE, FL 32257 | |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name LANGLEY & ASSOCIATES, P.A. | |
| Street Address (P.O. Box Number is Not Acceptable) 5209 SAN JOSE BLVD, STE 201 | |
| City JACKSONVILLE | FL 32207 |

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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: <i>J. Richard Rust Jr.</i> CPA | J. Richard Rust Jr. 3/31/05 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D MAURICE, CHRISTOPHER <input type="checkbox"/> Delete 1021 PARK STREET JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O LALLY, PATRICK <input type="checkbox"/> Delete 1021 PARK ST. JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O LALLY, JESSICA <input type="checkbox"/> Delete 1021 PARK ST. JACKSONVILLE, FL 32204 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. | |
| SIGNATURE: <i>Christopher L. Maurice</i> CHRISTOPHER L. Maurice | 4/21/05 (904)354-0009 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | |