

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P99000111869

1. Entity Name
FOODSERVICE SOFTWARE DEVELOPMENT, INC.



Principal Place of Business
757 S NOVA RD
ORMOND BEACH, FL 32174

Mailing Address
757 S NOVA RD
ORMOND BEACH, FL 32174



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3633614
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRANK, LARRY
757 S. NOVA RD.
ORMOND BEACH, FL 32174

**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

Larry Frank

(NOTE: Registered Agent Signature required when reinstating)

3-13-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000899902

04/23/08-80008-009 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BENDIX, JOSEPH M
STREET ADDRESS 757 S NOVA RD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DC
NAME FRANK, LARRY
STREET ADDRESS 757 S. NOVA RD.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V
NAME TOBEN, DAVID
STREET ADDRESS 757 S. NOVA ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ST
NAME YONTZ, KEN
STREET ADDRESS 757 S. NOVA ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

Larry Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

386-672-8434

Daytime Phone #