


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S76019</b> 1. Entity Name FOOD EQUIPMENT SALES AND MARKETING AGENTS, INC.	
--	---

Principal Place of Business  
512 FIRST AVE SW  
LARGO, FL 33770-3408 US

Mailing Address  
512 FIRST AVE SW  
LARGO, FL 33770-3408 US



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3082599	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

**6. Name and Address of Current Registered Agent**

HOOPER, WILLIAM  
512 FIRST AVE SW  
LARGO, FL 33770-3408

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U000000773548  
01/11/08-80040-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	HOOPER, LINDA KAY
STREET ADDRESS	512 1ST AVENUE SW
CITY- ST- ZIP	LARGO, FL 33770
TITLE	PSTD
NAME	HOOPER, WILLIAM
STREET ADDRESS	512 1ST AVENUE SW
CITY- ST- ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda K. Hooper, Vice Pres.* 1/9/2008 727 559-0799