## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83544

Entity Name: L.R.S. FOOD SERVICE, INCORPORATED

FILED Feb 09, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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11383 N WILLIAMS ST P O BOX 489 DUNNELLON, FL 34430 20447 ROBINSON ROAD DUNNELLON, FL 34431

Current Mailing Address:

**New Mailing Address:** 

P O BOX 489 DUNNELLON, FL 34430

FEI Number: 59-3095833 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMITH, LOUISE R.

11383 N WILLIAMS ST

DUNNELLON, FL 34430 US

SMITH, LOUISE R.

20447 ROBINSON ROAD

DUNNELLON, FL 34431 US

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: 02/09/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: SMITH, LOUISE R.,
Address: 11383 N WILLIAMS ST
City-St-Zip: DUNNELLON, FL

Title: DP ( ) Delete Name: SMITH, CHARLES J, Address: 11383 N WILLIAMS ST

DUNNELLON, FL

Title: ( ) Delete

Name: Address: City-St-Zip:

City-St-Zip:

 $\begin{array}{lll} \hbox{Title:} & \hbox{DS} & (X) \hbox{ Change ( ) Addition} \\ \hbox{Name:} & \hbox{SMITH, LOUISE R.,} \\ \end{array}$ 

Name: SMITH, LOUISE R.,
Address: 20447 ROBINSON ROAD
City-St-Zip: DUNNELLON, FL 34431

Title: DP (X) Change () Addition

Name: SMITH, CHARLES J, Address: 20447 ROBINSON RAOD City-St-Zip: DUNNELLON, FL 34431

Title: T ( ) Change (X) Addition

Name: QUIRE, JENNIFER, Address: 3765 GLENVALE COURT City-St-Zip: CUMMING, GA 30041

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES J. SMITH DP 02/09/2005