


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 002 ***150.00

DOCUMENT # S83544
 1. Entity Name
L.R.S. FOOD SERVICE, INCORPORATED



Principal Place of Business
**20447 ROBINSON ROAD
 DUNNELLON, FL 34431**

Mailing Address
**P O BOX 489
 DUNNELLON, FL 34430**

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3095833

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~SMITH, LOUISE R~~ **Smith, Charles J.**
**20447 ROBINSON ROAD
 DUNNELLON, FL 34431**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

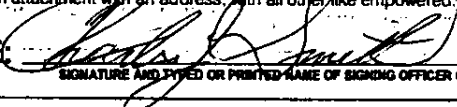
9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, LOUISE R SMITH, LOUISE R PRES Smith, Charles J.
STREET ADDRESS	20447 ROBINSON ROAD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	VSD
NAME	SMITH, CHARLES J VPRSECR Smith, Louise R
STREET ADDRESS	20447 ROBINSON ROAD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	TD
NAME	QUIRE, JENNIFER T
STREET ADDRESS	3765 GLENVALE COURT
CITY-ST-ZIP	CUMMING, GA 30041
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **2/19/08** **(352) 489-0847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #