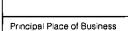
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #V28845 R. & K. FOODS OF CLERMONT, INC.

FILED Apr 18, 2008 08:00 A Secretary of State



771 HWY 50 EAST CLERMONT, FL 34711 US Mailing Address

% MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511



DO NOT WRITE IN THIS SPACE

No Chg-P 04042008 CR2E034 (11/05)

4. FEI Number 59-3122485 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAZBCUR, TALAL 1326 E LURNSDEN RD BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or	registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	i Agent signatur	e required when reinstating)	DATE
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	U00000905150 05/01/08-80041-013 150.0
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZBOUR, TALAL A. 1326 E LUMSDEN ROAD BRANDON, FL 33511				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAZBOUR, TAREK A. 1326 E LUMSDEN ROAD BRANDON, FL 33511				;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 reactives 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 attact ment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR