


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P01646</b><br>1. Entity Name<br>BAR-S FOODS CO. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3838 N CENTRAL AVE<br>STE-1900 PO BOX 29049<br>PHOENIX, AZ 85038-9049 US | Mailing Address<br>3838 N CENTRAL AVE<br>STE-1900 PO BOX 29049<br>PHOENIX, AZ 85038-9049 US |
|---|---|



01032005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number<br>86-0409987                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CAPITOL CORPORATE SERVICES, INC.<br>1333 NORTH DUVAL STREET<br>TALLAHASSEE, FL 32303 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | DC<br>DAY, TIMOTHY<br>P O BOX 697<br>TETON VILLAGE, WY 830250697                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>KINNE, MORRIS Y<br>PO BOX 700<br>TETON VILLAGE, WY 83025                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | V<br>KUYKENDALL, JAMES S<br>3838 N CENTRAL AVE STE-1900<br>PHOENIX, AZ 850129049 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>ASHTON, HARRIS J<br>191 CLAPBOARD RIDGE ROAD<br>GREENWICH, CT 06830         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>UHL, ROBERT W<br>8534 N. 16TH PLACE<br>PHOENIX, AZ 85020                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VS<br>WEINMAN, THOMAS F<br>11802 N. 60TH STREET<br>SCOTTSDALE, AZ 85254          |

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04/14/05-80084-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Skuykendall* 3 SKUYKENDALL (602) 264-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #