

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01646

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BAR-S FOODS CO.

## Current Principal Place of Business:

3838 N CENTRAL AVE  
STE#1900 PO BOX 29049  
PHOENIX, AZ 850389049 US

## New Principal Place of Business:

3838 N CENTRAL AVE  
STE#1900  
PHOENIX, AZ 85012 US

## Current Mailing Address:

3838 N CENTRAL AVE  
STE-1900 PO BOX 29049  
PHOENIX, AZ 850389049 US

## New Mailing Address:

FEI Number: 86-0409987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: DAY, TIMOTHY  
Address: P O BOX 697  
City-St-Zip: TETON VILLAGE, WY 830250697 US

Title: D ( ) Delete  
Name: KINNE, MORRIS Y  
Address: PO BOX 700  
City-St-Zip: TETON VILLAGE, WY 83025 US

Title: V ( ) Delete  
Name: KUYKENDALL, JAMES S  
Address: 3838 N CENTRAL AVE STE 1900  
City-St-Zip: PHOENIX, AZ 850129049 US

Title: D ( ) Delete  
Name: ASHTON, HARRIS J  
Address: 191 CLAPBOARD RIDGE ROAD  
City-St-Zip: GREENWICH, CT 06830 US

Title: VC ( ) Delete  
Name: UHL, ROBERT W  
Address: 8534 N. 16TH PLACE  
City-St-Zip: PHOENIX, AZ 85020 US

Title: VS ( ) Delete  
Name: WEINMAN, THOMAS F  
Address: 11802 N. 60TH STREET  
City-St-Zip: SCOTTSDALE, AZ 85254 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES S. KUYKENDALL

V

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date