


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 240765**  
1. Entity Name  
**GOLDEN RULE GROCERY, INC.**



Principal Place of Business      Mailing Address  
**17505 SOUTH DIXIE HIGHWAY**      **17505 SOUTH DIXIE HIGHWAY**  
**PERRINE, FL 33157**                      **PERRINE, FL 33157**

**DO NOT WRITE IN THIS SPACE**



02282005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-0936686</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MULLINS, PAMELA J**  
**17505 SOUTH DIXIE HIGHWAY**  
**PERRINE, FL 33157**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  **\$5.00** May BE Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, WALTER D 17505 SOUTH DIXIE HIGHWAY PERRINE, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S MULLINS, PAMELA J 17505 SOUTH DIXIE HIGHWAY PERRINE, FL 33157
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03/04/05-80013-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

**SIGNATURE:** *Pamela Mullins* **Pamela Mullins**      *2/28/05* **2/28/05 3052329196**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #