


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90069 043 \*\*\*150.00

**DOCUMENT # 241564**  
 1. Entity Name  
**GARDNER'S SUPER MARKETS, INC.**



24051508

Principal Place of Business  
~~0351 SW 56 STREET~~  
~~MIAMI, FL 33165 US~~  
**12374 SW 82nd Ave.**  
**Miami FL 33156**

Mailing Address  
 C/O LAWRENCE M. POLUCHA, ESQ.  
 1946 TYLER STREET  
 HOLLYWOOD, FL 33020 US



2. Principal Place of Business Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number  
 59-1001131 Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**PLOUCHA, LAWRENCE M. ES**  
**ATKINSON, DINER, STONE & MANKUTA, P.**  
**1946 TYLER STREET**  
**HOLLYWOOD, FL 33022**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STBY</del> ADAMS, ELIZABETH <del>0351 SW 56TH ST</del> MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> ADAMS, MAURICE <del>0351 SW 56TH ST</del> MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> GARDNER, J T <del>9951 SW 50TH ST</del> MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LOUISE G <del>0351 SW 56TH ST</del> MIAMI, FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 12374 S.W. 82nd Avenue Miami FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC 12374 . . . . .	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12374 . . . . .	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12374 . . . . .	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other life empowers.

SIGNATURE: Maurice Adams Maurice J. Adams 4/19/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

all same new address

305-667-9003