


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 251203 1. Entity Name JUNIOR FOOD STORES OF WEST FLORIDA, INC.	
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Principal Place of Business 619 EIGHTH AVE PO BOX 847 CRESTVIEW, FL 32536	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202-1100
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0980071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GACK, BRUCE M 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALISBURY, MARK W 619 8TH STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAST SHORES, APRIL 619 8TH STREET CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN OFLEN, MARY ELIZABETH 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, DOROTHY 1014 VINE STREET CINCINNATI, OH 452021100

<p>U00000541455 05/10/06-80060-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing 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 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: Beth Van Oflen Beth Van Oflen / Asst. Treas 4/27/06 513-762-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See Attached.