2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # 276772

1. Entity Name
TOM THUMB FOOD STORES, INC.

Principal Place of Business	Mailing Address
97 WEST OKEECHOBEE RD. HIALEAH, FL 33010 US	97 WEST OKEECHOBEE RD. HIALEAH, FL 33010 US

01032007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1034928
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, JAMES A., JR.
97 W. OKEECHOBEE ROAD
HIALEAH, FL 33010

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MCCARTHY, JAMES A JR
STREET ADDRESS	13004 SAN JOSE STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VSD
NAME	MCCARTHY, SANDRA
STREET ADDRESS	13004 SAN JOSE STREET
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	BENNION, THOMAS O.
STREET ADDRESS	7273 CHESTERHILL CIR.
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	D
NAME	MEZYK, CHARLENE
STREET ADDRESS	13321 SW 16 CT.
CITY-ST-ZIP	DAVIE, FL
TITLE	D
NAME	MCCARTHY, JAMES A III
STREET ADDRESS	18460 SW 83RD COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	MCCARTHY, THOMAS P
STREET ADDRESS	439 N.E. 92ND ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138

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01/10/07-80017-021 150.00

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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: James A. McCarthy Jr 1/04/07 305-885-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #