


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-22-2004 90069 045 \*\*\*150.00

<b>DOCUMENT # 300954</b>					
1. Entity Name GARDNER'S SUPER MARKETS, INC., #4					
Principal Place of Business 26 DOCKSIDE LANE OCEAN REEF CLUB NORTH KEY LARGO, FL 33037 US			Mailing Address C/O LAWRENCE M. PLOUCHA 1946 TYLER STREET HOLLYWOOD, FL 33022-2088 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-1108709	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLOUCHA, LAWRENCE M. E ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	all same new address.
NAME	GARDNER, JOSEPH T.		NAME		
STREET ADDRESS	9351 SW 56TH STREET		STREET ADDRESS	12374 S.W. 82 <sup>nd</sup> Avenue	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami FL 33156	
TITLE	<del>DD</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, MAURICE D.		NAME	DC	
STREET ADDRESS	9351 SW 56TH STREET		STREET ADDRESS	12374 - - - -	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	<del>STDV</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ELIZABETH		NAME	OPST	
STREET ADDRESS	9351 SW 56TH STREET		STREET ADDRESS	12374 - - - -	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, LOUISE G		NAME		
STREET ADDRESS	9351 SW 56TH ST		STREET ADDRESS	12374 - - - -	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE <i>Maurice D. Adams</i>			Date <i>4/19/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

305-667-9003