


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

2007 JAN 19 PM 4:44


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004599  
1. Entity Name  
HARRIS TEETER, INC.



Principal Place of Business: 701 CRESTDALE RD, MATTHEWS, NC 28105  
Mailing Address: PO BOX 10100, MATTHEWS, NC 28106-0100

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1390087	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  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
500086140215  
01/24/07--01035--005 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGANTHALL, FRED J II 7625 STONECRAFT PARK DRIVE CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, JEFF D 2017 HARTWICKE PLACE CHARLOTTE, NC 28205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: [Signature] 1-4-07 704-844-3120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #