## 2004 FOR PROFIT CORPORATION

### **ANNUAL REPORT (AR)**

#### **DOCUMENT # P40608**

1. Entity Name

#### IRA HIGDON GROCERY COMPANY



# FILED Feb 04, 2004 8:00 am Secretary of State

02-04-2004 90083 012 \*\*\*150.00

Principal Place of Business		Mailing Address								
P.O. BOX 488 CAIRO GA 39828		P.O. BOX 488 CAIRO GA 39828				~ x00010J				
2. Principal Place of Business		3. Mailing Address			1					
150 IFA WAY NE Suite, Apt. #, etc.		Suite, Apt. #, etc.								
Suite, Apr. #, Sic.		oute, Apr. #, etc.				MOORE CR2E034 (11/03)				
City & State		City & State			4. F	4. FEI Number 58-1146819 Applied For Not Applicable				
Zip Country		Zip Country		trv	+	\$9.75 Additional				
3982				~ <i>y</i>	5. Certificate of Status Desired			Fee Required		
2108	6. Name and Address of Curre	Registered Agent			7. N	7. Name and Address of New Registered Agent				
The state of the s				Name						
HIGH	DON, J. WARREN III			Street Address (P.O. Box Number is Not Acceptable)						
	N VIRGINIA ST		Street Address			.F.O. BOX INDITION IS INDITACCEPIADIE)				
QUII	NCY FL 32351									
				City				Zip Code		
					_		FL	L		
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										
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registere	d Agent signature requir	ed when re	einstating) D	ATE			
<b>F</b>	ILE NOW!!!- FEE IS \$150.00					2 5/200		45.0		
	May 1, 2004 Fee will be \$550.0	00				Election Campaign Financing     Trust Fund Contribution.	, 		May Be	
Make Check	Payable to Florida Departmen	t of State				Trade i di la commodicini	_	Added	10,000	
10.	OFFICERS A	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND [	DIRECTORS	S IN 11	
TITLE	PCD	☐ Delete	TITLE	:		•	1	Change	☐ Addition	
NAME	HIGDON, L.I.		NAM	- J						
STREET ADDRESS	1849 HADLEY FERRY RD			ET ADDRESS					1	
CITY-ST-ZIP	CAIRO GA 39828		LITY	-ST-ZIP						
TITLE	VSD	☐ Delete	TITLE	- (				Change	☐ Addition	
NAME CTOCCT ADODCCC	HIGDON, NATHAN L 1704 LAKEWOOD DR SE		NAM	- I					Ì	
STREET ADDRESS CITY-ST-ZIP	CAIRO GA 39828			ET ADDRESS -ST-ZIP					}	
	OAIIIO GA GOGEO		——						- Addition	
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NAME			NAM	E					_	
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CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE	•	☐ Delete	TITL	E				Change	☐ Addition	
NAME			NAM	1						
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CITY-ST-ZIP			-	-ST-ZIP						
TITLE		☐ Delete	TITL	ı				Change	Addition	
NAME STREET ADDRESS			MAM	ET ADDRESS					ļ	
CITY-ST-ZIP				-ST-ZJP						
	Doesify that the information over 1911	with this files days and accept the			Cooties	110.07/2)(). Flexide Otto 4 - 1 (1)		6 . that "= - "		
indicated	certify that the information supplied to this report or supplemental report	with this tilling does not quality tot art is true and accurate and that n	nv siana	mpuon stated IA : tura ebali hava thi	oecame	ination (a)(i), rionua Statutes. Humbi	notian	ny sirat ITTE II ny any officer	or director	

indicated on this report of 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: 12 T. J. HIGDON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR