

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P40608 1. Entity Name IRA HIGDON GROCERY COMPANY	
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Principal Place of Business 150 IGA WAY NE CAIRO, GA 39828	Mailing Address P.O. BOX 488 CAIRO, GA 39828
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03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1146819	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIGDON, J. WARREN III 130 N VIRGINIA ST QUINCY, FL 32351

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HIGDON, L.J. 1849 HADLEY FERRY RD CAIRO, GA 39828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HIGDON, NATHAN L 1704 LAKEWOOD DR SE CAIRO, GA 39828
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: L. J. Higdon L. J. HIGDON 3-28-05 229 377-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #