


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000027078 1. Entity Name GULLEY'S GROCERY, INC.	
--	---

Principal Place of Business 9419 US HWY 301 SOUTH RIVERVIEW, FL 33569 3001 West Reynolds Street Plant City, FL 33563	Mailing Address 15624 CARLTON LAKE DR WIMAUMA, FL 33598 US
--	--



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0484708	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 ARLINGTON, LINDA C 15624 CARLTON LAKE DRIVE WIMAUMA, FL 33598
--

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	ARLINGTON, LINDA C
STREET ADDRESS	15624 CARLTON LAKE DRIVE
CITY-ST-ZIP	WIMAUMA, FL
TITLE	VPTD
NAME	ARLINGTON, RANDY A
STREET ADDRESS	15624 CARLTON LAKE DRIVE
CITY-ST-ZIP	WIMAUMA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000670433
 03/27/07-80113-001 150.00

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: Linda C. Arlington 03/15/07 083-241-444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #