

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90052 011 ***150.00

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



Principal Place of Business: 9419 US HWY 301 SOUTH RIVERVIEW, FL 33569
 Mailing Address: 15624 CARLTON LAKE DRIVE ROAD WIMAUMA, FL 33598 US



2. Principal Place of Business - No P.O. Box #: 4021 South 50th Street
 Suite, Apt. #, etc.
 3. Mailing Address: 15624 Carlton Lake Road
 Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State: Tampa, FL 33619-6727
 Zip: 33619-6727 Country:
 City & State: Wimauma, FL 33598
 Zip: 33598 Country:

4. FEI Number: 65-0484708
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARLINGTON, LINDA C
 15624 CARLTON LAKE DRIVE ROAD
 WIMAUMA, FL 33598

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ARLINGTON, LINDA C	
STREET ADDRESS	15624 CARLTON LAKE DRIVE ROAD	
CITY-ST-ZIP	WIMAUMA, FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ARLINGTON, RANDY A	
STREET ADDRESS	15624 CARLTON LAKE DRIVE ROAD	
CITY-ST-ZIP	WIMAUMA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Linda C. Arlington 2/18/08 813-299-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #