

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 007 \*\*\*150.00

**DOCUMENT # G75366**

1. Entity Name  
**GARDNER'S SUPER MARKETS, INC. NO. 6**



Principal Place of Business  
**8287 SW 124TH ST  
MIAMI, FL 33157 US**

Mailing Address  
**1 FINANCIAL PLAZA, SUITE 1400  
100 SE THIRD AVE  
FORT LAUDERDALE, FL 33394 US**

40091034



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2347482**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PLOUCHA, LAWRENCE M  
ATKINSON, DINER, STONE, BLACK, & MANKUTTA  
1 FINANCIAL PLAZA, STE 1400, 100 SE 3RD AVE  
FORT LAUDERDALE, FL 33394**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GARDNER, JOSEPH T
STREET ADDRESS	12374 SW 82ND AVE 18001 Old Cutler Rd., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33156 33157
TITLE	DC
NAME	ADAMS, MAURICE D
STREET ADDRESS	12374 SW 82ND AVE 18001 Old Cutler Rd., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33156 33157
TITLE	DPST
NAME	ADAMS, ELIZABETH G
STREET ADDRESS	12374 SW 82ND AVE 18001 Old Cutler Rd., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33156 33157
TITLE	D
NAME	SCHWARTZ, LOUISE G
STREET ADDRESS	12374 SW 82ND AVE 18001 Old Cutler Rd., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33156 33157
TITLE	D
NAME	MAURICE G. ADAMS
STREET ADDRESS	18001 Old Cutler Rd., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33157
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAURICE G. ADAMS**

Date

**4/27/05**

Daytime Phone #

**305-271-7211**