

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-11-2006 90246 025 ***150.00

DOCUMENT # 168188

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



Principal Place of Business
7301 SW 57TH AVENUE
MIAMI, FL 33143 US

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



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0676956

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. E
ATKINSON, DINER, STONE & MANKUTA, P.A.
1 FINANCIAL PLAZA SUITE 1400
HOLLYWOOD, FL 33022

**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, 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
STREET ADDRESS ~~12374 SW 82ND AVE.~~ 18001 Old CUTLER Rd., Ste. #362
CITY-ST-ZIP MIAMI, FL ~~33156~~ 33157

TITLE DPST
NAME ADAMS, ELIZABETH
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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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

Date

Daytime Phone #

Maurice G. Adams 4/27/06 305-271-7211