

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 277131

FILED
Jan 14, 2008
Secretary of State

Entity Name: CITY PROVISIONERS, INC.

Current Principal Place of Business:

757 S. NOVA ROAD
ORMOND BEACH, FL 32174

New Principal Place of Business:

1 JOHN ANDERSON DR
PH-1
ORMOND BEACH, FL 32176

Current Mailing Address:

P.O. BOX 2063
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-1037769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANK, HARVEY CD
757 S. NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

FRANK, HARVEY CD
1 JOHN ANDERSON DR
PH-1
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: _____

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROGERS, RICHARD,
Address: 577 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: CD () Delete
Name: FRANK, HARVEY,
Address: 1 JOHN ANDERSON DR, UNIT PH-1
City-St-Zip: ORMOND BEACH, FL 32176

Title: VDS () Delete
Name: FRANK, LARRY,
Address: 127 BUCKSKIN LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: BENDIX, JOSEPH,
Address: 757 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: FRANK, LINDA
Address: 1 JOHN ANDERSON DR, UNIT PH-1
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: FRANK, ANDREA
Address: 127 BUCKSKIN LN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY FRANK

CD

01/14/2008

Electronic Signature of Signing Officer or Director

Date