


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 296049</b>	
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1. Entity Name  
**HANDY FOOD STORES, INC.**

Principal Place of Business <b>927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619</b>	Mailing Address <b>P.O. BOX 1808 TAMPA, FL 33619</b>
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04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1118596</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**BEVER, ANDREW J. JR.  
927 U.S. HIGHWAY 301 SOUTH  
TAMPA, FL 33619**

**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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVER, J. ANDREW 927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EASTERMAN, DAVID A. 927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVER, JR., J. ANDREW 927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619
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05/11/07-80004-022 150.00

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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**  **J. Andrew Bever, Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**813-621-6411**

Date Daytime Phone #