


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90230 049 ***150.00

DOCUMENT # 296049 1. Entity Name HANDY FOOD STORES, INC.	
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Principal Place of Business 927 U.S. HIGHWAY 301 SOUTH TAMPA, FL 33619	Mailing Address P.O. BOX 1808 TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE

40000000



04282008 No Chg-P CR2E034 (11/05)

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

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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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 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., President	4/29/08	813-621-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #