2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #300954

1. Entity Name
GARDNER'S SUPER MARKETS, INC., #4



Principal Place of Business

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26 DOCKSIDE LANE OCEAN REEF CLUB

NORTH KEY LARGO, FL 33037 US

Mailing Address

1 FINANCIAL PLAZA SUITE 1400

100 SE THIRD AVE

FORT LAUDERDALE, FL 33-3947 US

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

05-11-2006 90247 006 ***150.00



04242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1108709

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

<u> 305-271-7211</u>

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PLOUCHA, LAWRENCE M. E 1 FINANCIAL PLAZA SUITE 1400 100 SE THIRD AVE FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33394						
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 renstating). OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financir Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D GARDNER, JOSEPH T. 12374 S.W. 82ND AVENUE 1800	OLD CUTER Ro. Ste#3	ර්ධ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ADAMS, MAURICE D. 12374 S.E. 82ND AVENUE (800) (DUS CUTLER Ro., Steel 3	362	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZP	DPST ADAMS, ELIZABETH 1 2374 S.W. 02ND AVENUE 1801 (MIAMI, FL 2015 6 <i>33157</i>	DLD CUTLER Ro., Ste#50	5			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D SCHWARTZ, LOUISE G 12374 S.W. 02ND AVENUE (0 00) (MIAMI, FL 3 2156 33:57	DLO CUTLER RO. Ste#36	න	IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-AP	Maurice G. Adams 18001 Old Cutler Rd., Miami, FL 33157	Str. #302				
TITLE						
NAME:						
STREET ADDRESS						
CITY-ST-ZP						
12. Thereby derify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logist effect as if made under oath; that I am an officer or director of the corporation or the receiver or restee empowered to secure 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 ampowered.						