

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 352606

1. Entity Name  
 GEORGE'S MARKET, INC.



Principal Place of Business  
 4611 HAINES ROAD  
 SAINT PETERSBURG, FL 33714

Mailing Address  
 4611 HAINES ROAD  
 SAINT PETERSBURG, FL 33714



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1283402

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEVOLI, N. LAWRENCE JR  
 4611 HAINES ROAD  
 ST. PETERSBURG, FL 33714

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	SD MEVOLI, MARY P 4611 HAINES RD N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEVOLI, N. LAWRENCE 4611 HAINES ROAD ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MERDIME, N. LAWRENCE 4611 HAINES RD N ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/12/04-80056-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the address, with all other those empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/8/04 Daytime Phone #: 525-4611