

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 029 ***158.75

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**

50008396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-1283402

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** Delete
NAME **MEVOLI, MARY P**
STREET ADDRESS **4611 HAINES RD N**
CITY-ST-ZIP **ST PETERSBURG, FL XXXX**

TITLE **SC** Change Addition
NAME **N. LAWRENCE MEVOLI JR**
STREET ADDRESS **4611 HAINES Rd**
CITY-ST-ZIP **ST. PETERSBURG FL. 33714**

TITLE **PD** Delete
NAME **MEVOLI, N. LAWRENCE**
STREET ADDRESS **4611 HAINES ROAD**
CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE **PC** Change Addition
NAME **N. LAWRENCE MEVOLI JR**
STREET ADDRESS **4611 HAINES RD**
CITY-ST-ZIP **ST PETERSBURG FLA-33714**

TITLE **T** Delete
NAME **MEVOLI, N. LAWRENCE**
STREET ADDRESS **4611 HAINES RD N**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-28-06 727-525-4600

Date

Daytime Phone #