
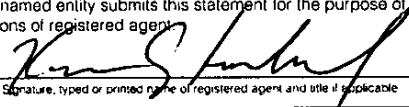
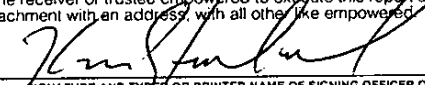


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2006 90105 023 ***150.00

DOCUMENT # 373903 1. Entity Name 14TH STREET FOODWAY, INC.			
Principal Place of Business 2923 MANATEE AVE. W BRADENTON, FL 34205		Mailing Address 2923 MANATEE AVE. W BRADENTON, FL 34205	
2. Principal Place of Business 14711 7th Ave., E.		3. Mailing Address 14711 7th Ave., E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34212		Zip 34212	
Country		Country	
4. FEI Number 59-1308986		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANALAND, ARNOLD R. 2923 MANATEE AVE. W. BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Kevin Stanaland Street Address (P.O. Box Number is Not Acceptable) 14711 7th Ave., E. City Bradenton FL Zip Code 34212	
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 		Kevin Stanaland <small>(NOTE: Registered Agent Signature required when reconstituting)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STANALAND, ARNOLD R. STREET ADDRESS 2923 MANATEE AVE. W. CITY-ST-ZIP BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE P NAME Stanaland, Arnold R. STREET ADDRESS 14711 7th Ave., E. CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME STANALAND, KEVIN L STREET ADDRESS 14711 7TH AVE EAST CITY-ST-ZIP BRADENTON, FL 34212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Kevin Stanaland <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date		Daytime Phone #	

40023404



02022006 Chg-P CR2E034 (11/05)