



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 465018</b> 1. Entity Name <b>DENNY'S PAY-LESS GROCERY, INC.</b>		
Principal Place of Business <b>6612 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>	Mailing Address <b>6558 SAN JUAN AVE. JACKSONVILLE, FL 32210</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
 04142005    No Chg-P    CR2E034 (10/03)		
4. FEI Number <b>59-1557591</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HOLBROOK, LEON H SUITE #2301, INDEPENDENT SQUARE JACKSONVILLE, FL 32202</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, ROY D 1558 NAVAHO AVE. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDREON, JOAN 1558 NAVAHO AVE. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDREON, ALAN B 8050 RAYMOND STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDREON, SHERRI D 8064 RAYMOND STREET JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an address, with all other like empowered.		
<b>SIGNATURE: <i>Sherri D. Caldreon</i>    Sherri D. Caldreon    4-14-05    904-783-2712</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		