

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90047 018 ***150.00

DOCUMENT # 465018

1. Entity Name

DENNY'S PAY-LESS GROCERY, INC. DBA Sher's
Jewels



Principal Place of Business

Mailing Address

~~6612 SAN JUAN AVENUE~~ (See below) 6558 SAN JUAN AVE.
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

2. Principal Place of Business

6558 San Juan Av.

3. Mailing Address

6558 San Juan Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1557591

Applied For

Not Applicable

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

HOLBROOK, LEON H
SUITE #2301, INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME CALDERON, ROY D
STREET ADDRESS 1558 NAVAHO AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME CALDREON, JOAN
STREET ADDRESS 1558 NAVAHO AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete
NAME CALDREON, ALAN B
STREET ADDRESS 8050 RAYMOND STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete
NAME CALDREON, SHERRI D
STREET ADDRESS 8064 RAYMOND STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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: *Sherri D. Caldreon* Sherri D. Caldreon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-06 904 783-2712