

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90031 041 ***158.75

DOCUMENT # 465018

1. Entity Name

DENNY'S PAY-LESS GROCERY, INC.



Principal Place of Business

6558 SAN JUAN AV
JACKSONVILLE FL 32210

Mailing Address

7055 BAKERSFIELD DR
JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #

6612 San Juan Ave

3. Mailing Address

Same

City & State

Jacksonville Florida

City & State

Same

Zip

32210

Country

USA

Zip

Same

Country

USA

1st MOORE

CR2E034 (10/07)

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

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

7. Name and Address of New Registered Agent

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

Joan D. Calderon, Treasurer

Signature, hand or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 29, 2008

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDERON, ROY D	
STREET ADDRESS	7055 BAKERSFIELD DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALDERON, JOAN	
STREET ADDRESS	7055 BAKERSFIELD DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDERON, ALAN B	
STREET ADDRESS	1558 NAVAHO AVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDERON, SHERRI D	
STREET ADDRESS	8064 RAYMOND STREET	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Joan D. Calderon, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

904-378-4490

Daytime Phone # 904-465-5405