

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90009 025 ***150.00

DOCUMENT # 475305

1. Entity Name

SCOTTY'S GROCERY, INC.



Principal Place of Business

17063 SE 80 LOCUSWOOD CT.
LADY LAKE FL 32162

Mailing Address

17063 SE 80 LOCUSWOOD CT.
LADY LAKE FL 32162

64070026

2. Principal Place of Business

1283 SE 173 ARLINGTON LOOP

Suite, Apt. #, etc.

3. Mailing Address

1283 SE 173 ARLINGTON LOOP

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

THE VILLAGES, FL

City & State

THE VILLAGES, FL.

4. FEI Number

59-1595287

Applied For

Not Applicable

Zip

32162

Country

MARION

Zip

32162

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, THOMAS F
7300 N KENDALL DR #450
MIAMI FL 33156

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

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, 2004 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
NAME CAREY, CLAUDETTE ☐ Delete
STREET ADDRESS 17063 SE 80TH LOCUSWOOD CT.
CITY-ST-ZIP THE VILLAGE FL 32162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CAREY, CLAUDETTE
STREET ADDRESS 1283 SE 173 ARLINGTON LOOP
CITY-ST-ZIP THE VILLAGES, FL 32162

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

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

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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 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.

SIGNATURE:

Claudette Carey CLAUDETTE CAREY

4/25/04

352.753.2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #