

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 477181

FILED
Sep 08, 2004
Secretary of State

Entity Name: VILLAGE SUPERMARKET, INC.

Current Principal Place of Business:

40 8TH ST
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

1021-E E JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Mailing Address:

1021 EAST JOHN SIMS PARKWAY
SUITE E
NICEVILLE, FL 32578

FEI Number: 59-1595894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, CHARLES
1021-E EAST JOHN SIMS PKWY
NICEVILLE, FL 32578

Name and Address of New Registered Agent:

KELLEY, CHARLES SR
1021 EAST JOHN SIMS PKWY
SUITE E
NICEVILLE, FL 32578

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.

SIGNATURE: CHARLES R. KELLEY SR

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLEY, CHARLES SR,
Address: 179 MONAHAN DRIVE
City-St-Zip: FT WALTON BCH, FL 00000,

Title: SD () Delete
Name: KELLEY, SARAH,
Address: 179 MONAHAN DRIVE
City-St-Zip: FT WALTON BCH, FL 00000,

Title: TD () Delete
Name: KELLEY, PATRICIA L,
Address: 1-B BAYOU DR
City-St-Zip: FT WALTON BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLEY SR, CHARLES R, .
Address: 179 MONAHAN DRIVE
City-St-Zip: FT WALTON BCH,, FL 32548

Title: SD (X) Change () Addition
Name: KELLEY, SARAH E.,
Address: 179 MONAHAN DRIVE
City-St-Zip: FT WALTON BCH,, FL 32548

Title: TD (X) Change () Addition
Name: KELLEY, PATRICIA L,
Address: 19A 6TH STREET
City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L KELLEY

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09/08/2004

Electronic Signature of Signing Officer or Director

Date