

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 477181

FILED
Apr 16, 2009
Secretary of State

Entity Name: VILLAGE SUPERMARKET, INC.

Current Principal Place of Business:

40 8TH STREET
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

919 HOSPITAL DRIVE
NICEVILLE, FL 32578

New Mailing Address:

139H BEAL PARKWAY SE
FT. WALTON BEACH, FL 32548

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 R SR
919 HOSPITAL DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KELLEY, CHARLES R SR
139H BEAL PARKWAY SE
FT. WALTON BEACH, FL 32548 US

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

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: TD () Delete
Name: KELLEY, PAT L
Address: 19A 6TH STREET
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAT KELLEY

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date