2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 16, 2007
Secretary of State

DOCUMENT# 493947

Entity Name: PRESTO FOOD STORES, INC.

Current Principal Place of Business:

2009 N. AIRPORT RD
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

2009 N. AIRPORT RD
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-1641137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, GREGORY S
2009 N. AIRPORT RD.
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

SMITH, CAROLYN R
2009 N. AIRPORT RD.
PLANT CITY, FL 33563 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: CAROLYN R SMITH 11/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, HUGH C., I, II
Address: 2869 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 0, 33567

Title: VST ( ) Delete
Name: SMITH, CAROLYN R
Address: 8416 SOUTHWOOD PINES
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete
Name: ROBINSON, EMILY T
Address: 2869 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33567

Title: EVP (X) Delete
Name: ROBINSON, GREGORY S
Address: 7026 CHARLES HUMPHREY RD.
City-St-Zip: PLANT CITY, FL 33565

Title: AST ( ) Delete
Name: SHULTZ, JENNIFER N
Address: 3808 ANCIENT OAKS TR
City-St-Zip: PLANT CITY, FL 33565

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:

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: CAROLYN R SMITH VP 11/16/2007
Electronic Signature of Signing Officer or Director Date