


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 510997	
1. Entity Name CHIPLEY DISCOUNT FOOD CORPORATION	

Principal Place of Business 1264 CHURCH AVENUE CHIPLEY, FL 32428	Mailing Address P.O. BOX 37 CHIPLEY, FL 32428
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2. Principal Place of Business - No P.O. Box # <b>1264 CHURCH AVENUE</b>	3. Mailing Address <b>1360 STATE PARK ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CHIPLEY, FL</b>	City & State <b>CHIPLEY, FL</b>
Zip <b>32428</b>	Country <b>USA</b>

FILED  
08 MAY -2 PM 12:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



04142008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1693152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent YOUNG, CARL 675 MAIN STREET CHIPLEY, FL 32428	
7. Name and Address of New Registered Agent Name YOUNG, LYLE Street Address (P.O. Box Number is Not Acceptable) 1360 STATE PARK ROAD City CHIPLEY FL Zip Code 32428	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, CARL 675 MAIN STREET CHIPLEY, FL 32428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, LYLE 1360 STATE PARK ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST YOUNG, LYLE 1360 STATE PARK ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500129221885 05/13/08--01032--013 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ryle Young Lyle Young 4-18-08 (850) 638-1751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #