

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 598453
 1. Entity Name
REDDICK SUPER MARKET, INC.



Principal Place of Business: **15323 N.W GAINESVILLE RD
 REDDICK FL 32686
 US**

Mailing Address: **P.O. BOX 220
 REDDICK FL 32686-0220
 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt #, etc. City & State Zip Country

4. FEI Number: **59-1869260** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JONES, ROBERT
 2768 NE 34TH ST
 Ocala FL 34479**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

B. 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: _____

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	SP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT SR.	
STREET ADDRESS	2768 NE 34TH ST	
CITY - ST - ZIP	OCALA FL 34479	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, ROBERT JR.	
STREET ADDRESS	15323 NW GAINESVILLE RD	
CITY - ST - ZIP	REDDICK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES SR, ROBERT L	
STREET ADDRESS	2768 NE 34TH ST	
CITY - ST - ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000028899
 02/04/04 80045-015-150.00

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: *[Signature]* 1-31-04 352-591-1123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #