

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 598453

1. Entity Name
REDDICK SUPER MARKET, INC.



FILED
Jan 12, 2005 08:00 AM
Secretary of State

Principal Place of Business: 15323 N.W. GAINESVILLE RD
REDDICK, FL 32686 US
Mailing Address: P.O. BOX 220
REDDICK, FL 32686-0220 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	JONES, ROBERT SR.
STREET ADDRESS	2768 NE 34TH ST
CITY-ST-ZIP	OCALA, FL 34479
TITLE	V
NAME	JONES, ROBERT JR.
STREET ADDRESS	15323 NW GAINESVILLE RD
CITY-ST-ZIP	REDDICK, FL
TITLE	T
NAME	JONES SR, ROBERT L
STREET ADDRESS	2768 NE 34TH ST
CITY-ST-ZIP	OCALA, FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80012-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 352-591-1123
Date Daytime Phone #