


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 618924 1. Entity Name POP'S GROCERY, INC.	
---	---

Principal Place of Business 3700 MARTIN LUTHER KING BLVD FT MYERS, FL 33916-4637 US	Mailing Address 3700 MARTIN LUTHER KING BLVD FT MYERS, FL 33916-4637 US
---	---

DO NOT WRITE IN THIS SPACE

FILED
 06 APR 27 AM 11:55
 HALL COUNTY CLERK
 TALLAHASSEE, FLORIDA



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1943129	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent

SIBERT, LOUIS W
 3700 M. L. KING BLVD.
 FT MYERS, FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SIBERT, LOUIS W
STREET ADDRESS	1934 VERONA ST
CITY-ST-ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

300074153563
 05/08/06--01020--013 **150.00

300074153563
 05/09/06--01020--014 **8.75

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: Louis Sibert (Louis Sibert) 4-12-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #