

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #685127**

1. Entity Name  
**VILLAGE BEACH MARKET, INC.**



Principal Place of Business  
**4905 N. HIGHWAY A-1-A  
VERO BEACH, FL 32963-1204 US**

Mailing Address  
**4905 N. HIGHWAY A-1-A  
VERO BEACH, FL 32963-1204 US**



03282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2026904**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JERRY L. KEEN  
4905 N. HIGHWAY A-1-A  
VERO BEACH, FL 32963**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KEEN, JERRY L  
685 COLONIAL DRIVE  
VERO BEACH, FL 32962**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KEEN, META C  
685 COLONIAL DRIVE  
VERO BEACH, FL 32962**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VO  
KEEN, JUDSON C  
5814 22ND ST  
VERO BEACH, FL 32962**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KEEN, JASON L  
5845 39TH LANE  
VERO BEACH, FL 32966**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000486951  
04/13/06-80057-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JERRY L. KEEN, PRESIDENT**

**3/29/2006 772-231-8135**

Date

Daytime Phone