

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 856763

1. Entity Name
ALABAMA BRUNO'S, INC.



Principal Place of Business
**208 BI-LO BLVD
GREENVILLE, SC 29607 US**

Mailing Address
**ATTN: DOROTHY V. DAVIS
P.O. DRAWER 99
MAULDIN, SC 29662**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0411801** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
120 HAYS ST
TALLAHASSEE, FL 32301**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000612191
02/02/07-80095-016 50.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHAGAN, DEAN
STREET ADDRESS	208 BI-LO BLVD
CITY-ST-ZIP	GREENVILLE, SC 29607
TITLE	VD
NAME	ALLEN, LEN W
STREET ADDRESS	717 N HARWOOD, ST 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	D
NAME	WEST, DAVID M
STREET ADDRESS	717 N HARWOOD, ST 2200
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	V
NAME	SHOEMAKER, DAVID
STREET ADDRESS	3317 HIGHFIELD DR
CITY-ST-ZIP	MOODY, AL 35004
TITLE	S
NAME	MCDUGALL, KEVIN
STREET ADDRESS	208 BI-LO BLVD
CITY-ST-ZIP	GREENVILLE, SC 29607
TITLE	T
NAME	JONES, KEN
STREET ADDRESS	208 BI-LO BLVD
CITY-ST-ZIP	GREENVILLE, SC 29607

**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

Dean Cohagan

1-25-07 864/987-8783

Date

Daytime Phone #