


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000000855  
 1. Entity Name  
 HANNAFORD BROS. CO.



Principal Place of Business      Mailing Address  
 145 PLEASANT HILL RD      145 PLEASANT HILL RD  
 SCARBOROUGH, ME 04074      SCARBOROUGH, ME 04074

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number 01-0085930	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SVPS DICKINSON, EMILY D 145 PLEASANT HILL RD. SCARBOROUGH, ME 04074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, RONALD C 145 PLEASANT HILL RD SCARBOROUGH, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HOMA, WILLIAM L 145 PLEASANT HILL RD SCARBOROUGH, ME 04074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CAMPBELL, BETH M 145 PLEASANT HILL RD SCARBOROUGH, ME 04074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALESHIRE, ARTHUR A 145 PLEASANT HILL RD SCARBOROUGH, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BOWNE IV, GARRETT D 145 PLEASANT HILL RD SCARBOROUGH, ME

U00000187528  
 01/24/05-80019-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_      1-17-05      227-825-3321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #