


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F01000000855 1. Entity Name HANNAFORD BROS. CO.	
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Principal Place of Business 145 PLEASANT HILL RD SCARBOROUGH, ME 04074	Mailing Address 145 PLEASANT HILL RD SCARBOROUGH, ME 04074
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, 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 ALESHERE, 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

U000000187528
01/24/05-80019-013 150.00

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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: _____ 1-17-05 227-825-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #