'2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005505

1. Entity Name
SACKS GROCERY OUTLETS, INC.

Principal Place of Business	Mailing Address
6013 EDGEWATER DRIVE ORLANDO, FL 32810	6013 EDGEWATER DRIVE ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
68-0518529	Not Applicable

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

6. Name and Address of Current Registered Agent

MOLL, DARRYL M
6013 EDGEWATER DRIVE
ORLANDO, FL 32810

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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 _____
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	CP
NAME	MOLL, LLOYD H
STREET ADDRESS	213 W. 39TH STREET
CITY-ST-ZIP	READING, PA 19606

TITLE	DST
NAME	MOLL, LUISE G
STREET ADDRESS	213 W. 39TH STREET
CITY-ST-ZIP	READING, PA 19606

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	

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01/20/05-80020-023 158.75
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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)(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: *Lloyd H. Moll*   Lloyd H. Moll   1/15/05   407-447-4497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #