


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F06000002514 1. Entity Name BRUNO'S FOOD STORES, INC.	
--	---

Principal Place of Business 208 BI-LO BLVD GREENVILLE, SC 29607	Mailing Address P.O. DRAWER 99 MAULDIN, SC 29662
---	--

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0427100	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

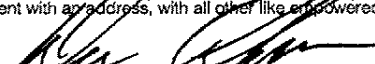
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	000000612196 02/02/07-80095-018 50.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COHAGAN, DEAN 208 BI-LO BLVD GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, LEN W JR 717 N HARWOOD STE 2200 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, DAVID M 717 N HARWOOD STE 2200 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, DAVID 3347 HIGHFIELD DR MOODY, AL 35004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDOUGALL, KEVIN 208 BI-LO BLVD GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KEN 208 BI-LO BLVD 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:  Dean Cohagan 1-25-07 864/987-8783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #