

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000004046**

1. Entity Name  
UPPY'S CONVENIENCE STORES, INC.



Principal Place of Business  
4900 WEST HUNDRED ROAD  
CHESTER, VA 23831

Mailing Address  
4900 WEST HUNDRED ROAD  
CHESTER, VA 23831



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-1766927</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

UPHOFF, BRIAN A  
1800 BAYSHORE DRIVE  
TERRA CEIA, FL 34250

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	UPHOFF, STEVEN M
STREET ADDRESS	15642 CHESDIN LANDING TERRACE
CITY-ST-ZIP	CHESTERFIELD, VA 23838

TITLE	VS
NAME	UPHOFF, LINDA M
STREET ADDRESS	15642 CHESDIN LANDING TERRACE
CITY-ST-ZIP	CHESTERFIELD, VA 23838

TITLE	C
NAME	UPHOFF, STEVEN M
STREET ADDRESS	4900 WEST HUNDRED ROAD
CITY-ST-ZIP	CHESTER, VA 23831

TITLE	VC
NAME	UPHOFF, LINDA M
STREET ADDRESS	4900 WEST HUNDRED ROAD
CITY-ST-ZIP	CHESTER, VA 23831

TITLE	D
NAME	MOORE, CASSANDRA M
STREET ADDRESS	4900 WEST HUNDRED ROAD
CITY-ST-ZIP	CHESTER, VA 23831

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000932260  
05/22/08-80047-015 158.75

**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

4-24-08

Date

804-706-4702

Daytime Phone #