2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F06000004046

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

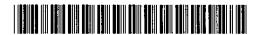


Principal Place of Business Mailing Address

4900 WEST HUNDRED ROAD CHESTER, VA 23831

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FILED Apr 29, 2008 08:00 AN Secretary of State



01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-1766927

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

804-706-4702

6. Name and Address of Current Registered Agent

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

SIGNATURE:

SIGNATURE AND TYPED OR PRI

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, typod or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT UPHOFF, STEVEN M 15642 CHESDIN LANDING TERRACE CHESTERFIELD, VA 23838				U00000932260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS UPHOFF, LINDA M 15642 CHESDIN LANDING TERRACE CHESTERFIELD, VA 23838				05/22/08-80047-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C UPHOFF, STEVEN M 4900 WEST HUNDRED ROAD CHESTER, VA 23831			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC UPHOFF, LINDA M 4900 WEST HUNDRED ROAD CHESTER, VA 23831			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CASSANDRA M 4900 WEST HUNDRED ROAD CHESTER, VA 23831		· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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)					