

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 A
Secretary of State

DOCUMENT # F19330

1. Entity Name
RIFE'S MARKET, INC.



Principal Place of Business
**2401 13TH STREET
ST CLOUD, FL 34769**

Mailing Address
**2401 13TH STREET
ST CLOUD, FL 34769**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2065479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIFE, JOHNNIE E
2401 13TH ST
ST. CLOUD, FL 34769**

**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	PD
NAME	RIFE, JOHNNIE E
STREET ADDRESS	251 N.E. LAKESHORE DR.
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	V
NAME	RIFE, KENNETH E
STREET ADDRESS	1501 DAKOTA AVE
CITY-ST-ZIP	ST CLOUD, FL
TITLE	AV
NAME	BOGUS, PATRICIA S
STREET ADDRESS	1859 KINF EDWARDS DR
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	AV
NAME	SWITZER, SHARON
STREET ADDRESS	1501 DAKOTA AVE
CITY-ST-ZIP	ST CLOUD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80028-022 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #