


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F19330</b> 1. Entity Name RIFE'S MARKET, INC.	
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Principal Place of Business 2401 13TH STREET ST CLOUD, FL 34769	Mailing Address 2401 13TH STREET ST CLOUD, FL 34769
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07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2065479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RIFE, JOHNNIE E 2401 13TH ST ST. CLOUD, FL 34769	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U000000770377  
07/24/07-80013-018 150.00  
DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIFE, JOHNNIE E 251 N.E. LAKESHORE DR. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RIFE, KENNETH E 1501 DAKOTA AVE ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV BOGUS, PATRICIA S 1859 KINF EDWARDS DR KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV SWITZER, SHARON 1501 DAKOTA AVE ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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.

<b>SIGNATURE:</b>  <b>KENNETH E. RIFE</b>	<b>7-17-07</b>	<b>407-892-2174</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #