

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004599

1. Entity Name
HARRIS TEETER, INC.



Principal Place of Business
701 CRESTDALE RD
MATTHEWS, NC 28105

Mailing Address
PO BOX 10100
MATTHEWS, NC 28106-0100

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1390087	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500086140215
01/24/07--01035--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORGANTHALL, FRED J II
STREET ADDRESS	7625 STONECRAFT PARK DRIVE
CITY-ST-ZIP	CHARLOTTE, NC 28226

TITLE	S
NAME	SHERMAN, JEFF D
STREET ADDRESS	2017 HARTWICKE PLACE
CITY-ST-ZIP	CHARLOTTE, NC 28205

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07
Date

704-844-3120
Daytime Phone #