

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90099 026 \*\*\*150.00

**DOCUMENT # G38888**

1. Entity Name

LIL' FOOD RANCH STORES, INC.



Principal Place of Business

110 NE 6TH AVE  
PO BOX 820  
WILLISTON FL 32696

Mailing Address

PO BOX 820  
WILLISTON FL 32696



2. Principal Place of Business - No P.O. Box #

116 NW Main St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Williston FL

City & State

4. FEI Number

59-2296940

Applied For

Not Applicable

Zip

32696

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, CHARLES M., JR.  
110 NE 6TH AVE  
WILLISTON FL 32696

Name

Street Address (P.O. Box Number is Not Acceptable)

116 NW Main St.

City

Williston

FL

Zip Code  
32696

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 or fee filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

4-10-08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEBB JR, CHARLES M	
STREET ADDRESS	P O BOX 820 N/A	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEBB, DANIEL R	
STREET ADDRESS	P O BOX 820	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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

Charles M. Webb Jr.

4-10-08

352-528 3663

Date

Daytime Phone #