

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90182 029 ***150.00

DOCUMENT # H71355

1. Entity Name

FOUR WINDS FINE FOOD MARKET, INC.



Principal Place of Business

6895 N. 9TH AVE

F

PENSACOLA, FL 32504-7356

Mailing Address

6895 N. 9TH AVE

F

PENSACOLA, FL 32504-7356

DO NOT WRITE IN THIS SPACE



04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2583139

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARABAY, AFIF Y.

6895-F NORTH NINTH AVENUE

PENSACOLA, FL 32504

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TARABAY, AFIF
STREET ADDRESS 2968 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE, FL 325614151

TITLE PD
NAME TARABAY, NANCY W.
STREET ADDRESS 2968 CORAL STRIP PKWY
CITY-ST-ZIP GULF BREEZE, FL 325614151

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: *X D Nancy W. Tarabay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/28/06

X (850) 477-3808