


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90048 038 \*\*\*150.00

<b>DOCUMENT # L29850</b> 1. Entity Name <b>SORRENTO GROCERY, INC.</b>	
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Principal Place of Business <b>24013 SR 46</b> <b>SORRENTO, FL 32776 US</b>	Mailing Address <b>P.O. BOX 1117</b> <b>SORRENTO, FL 32776</b>
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**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2986584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LEMINE, ANDY</b> <b>25631 FISHERMAN RD</b> <b>PAISLEY, FL 32707</b> <b>PAISLEY, FL 32767</b>	<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMINE, ANDREW D. 25631 FISHERMANS RD PAISLEY, FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEMINE, PEGGY 25631 FISHERMANS RD PAISLEY, FL 32767
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**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>2/7/07</b>	<b>352-383 3663</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>