


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M11591</b> 1. Entity Name <b>SCHOONER'S MARKET, INC.</b>	
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Principal Place of Business <b>1001 NORTH HIGHWAY A1A JUPITER, FL 33477</b>	Mailing Address <b>1001 NORTH HIGHWAY A1A JUPITER, FL 33477</b>
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DO NOT WRITE IN THIS SPACE



06232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2503587</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT  
1155 US HWY. 1  
SUITE 205  
JUNO BEACH, FL 33408**

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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZABO, JOSEPH CENTER STREET BLOCK ISLAND, RI.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUDDY, JOSEPH 22 RIVER STREET TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, RON 600 OAK TERRACE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRINGER, PAUL 31 ST. JOHN ROAD RIDGEFIELD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/26/06-80001-008 158.75

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:**  **6/23/06 561-746-7558**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #