

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003880

FILED
Jul 07, 2008
Secretary of State

Entity Name: STILES FARMERS MARKET, INC.

Current Principal Place of Business:

19551 SATURNIA LAKES DR
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19551 SATURNIA LAKES DR
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-1094289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILE, MARGARET
19551 SATURNIA LAKES DRIVE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

STILES, MARGARET
19551 SATURNIA LAKES DRIVE
BOCA RATON, FL 33498 US

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.

SIGNATURE: MARGARET STILES

07/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STILE, JOSEPH G
Address: 5920 W OAKLAND PARK BLVD.
City-St-Zip: LAUDERHILL, FL 33313

Title: P (X) Delete
Name: STILE, MARGARET
Address: 19551 SATURNIA LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: VPST (X) Delete
Name: STILE, JOSEPH G
Address: 19551 SATURNIA LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STILES, MARGARET
Address: 19551 SATURNIA LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET STILES

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date