

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90205 028 ***150.00

DOCUMENT # P00000073100

1. Entity Name
THE CONVENIENCE STORE WAREHOUSE INC.



Principal Place of Business

**5524 VANDYKE ROAD
LUTZ, FL 33558**

Mailing Address

**C/O VANDYKE SHELL
5524 VANDYKE ROAD
LUTZ, FL 33558**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETRUS, RAED
C/O VANDYKE SHELL
5524 VANDYKE ROAD
LUTZ, FL 33558**

**DO NOT WRITE
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	P
NAME	SABA, WALID
STREET ADDRESS	5524 VANDYKE ROAD
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	V
NAME	PETRUS, RAED
STREET ADDRESS	5524 VANDYKE ROAD
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	T
NAME	PETRUS, WALID
STREET ADDRESS	5524 VANDYKE ROAD
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.06
Date

813 963 6423
Daytime Phone #