

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 008 ***150.00

DOCUMENT # P00000102402

1. Entity Name
DONALDSONVILLE GROCERY INC.



Principal Place of Business
**311 SOUTH WILEY AVE
DONALSONVILLE, GA 31745**

Mailing Address
**311 SOUTH WILEY AVE
DONALSONVILLE, GA 31745**

24070930



04192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3677421 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDANIEL, KEVIN
8166 HWY 90 EAST
SNEADS, FL 32460**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☒ Delete
NAME **MCDANIEL, DAVID**
STREET ADDRESS **3711 SHAMROCK W APT A-1256**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **DPS** ☐ Delete
NAME **MCDANIEL, KEVIN**
STREET ADDRESS **8166 HIGHWAY 90 EAST**
CITY-ST-ZIP **SNEADS, FL 32460**

TITLE **DVT** ☐ Delete
NAME **MCDANIEL, RALPH**
STREET ADDRESS **PO BOX 2**
CITY-ST-ZIP **CYPRESS, FL 32442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Kevin Mcdaniel**
STREET ADDRESS **8166 Hwy 90**
CITY-ST-ZIP **Snead FL 32460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **K. M. Daniel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

229-524-1177

Daytime Phone #