

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024722

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: PETRO FOOD MARKET, INC.

## Current Principal Place of Business:

1805 E. NELSON STREET  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 758  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

POST OFFICE BOX 71  
FREEPORT, FL 32439

FEI Number: 59-3701887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KILLINGSWORTH, TOMMY  
110 LEE ROAD  
DEFUNIAK SPRINGS, FL 32433 US

## Name and Address of New Registered Agent:

NEMECEK, FRANCES  
3029 MAIN STREET  
VERNON, FL 32462 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: FRANCES NEMECEK

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: KILLINGSWORTH, TOMMY  
Address: POST OFFICE BOX 758  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: KILLINGSWORTH, TOMMY  
Address: POST OFFICE BOX 758  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KILLINGSWORTH, TOMMY  
Address: POST OFFICE BOX 758  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP (X) Change ( ) Addition  
Name: KILLINGSWORTH, MATTHEW T  
Address: POST OFFICE BOX 71  
City-St-Zip: FREEPORT, FL 32439

Title: S ( ) Change (X) Addition  
Name: ELIZABETH, JORDAN  
Address: P O BOX 71  
City-St-Zip: FREEPORT, FL 32439

Title: T ( ) Change (X) Addition  
Name: KILLINGSWORTH, TIMOTHY W  
Address: P O BOX 71  
City-St-Zip: FREEPORT, FL 32439

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: MATTHEW KILLINGSWORTH

VP

02/06/2008

Electronic Signature of Signing Officer or Director

Date