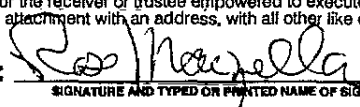


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000055605 1. Entity Name BI-LO SALES AND SERVICE CENTER, INC.		
Principal Place of Business 733 N. MAGNOLIA AVE OCALA, FL 34475	Mailing Address 733 N. MAGNOLIA AVE OCALA, FL 34475	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HICKS, DANIEL ESQ. 421 SOUTH PINE AVENUE OCALA, FL 34474		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARZELLA, ROSE 733 N. MAGNOLIA AVE OCALA, FL 34475	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(f), 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		Date 1/14/05 Daytime Phone # 352 7324358



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3724786	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1000000184614
01/20/05-80036-006 150.00

**DO NOT WRITE
IN THIS SPACE**