

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90077 017 \*\*\*150.00

BY: *E.A.*  
**40035385**



<b>DOCUMENT # P01000117634</b> 1. Entity Name <b>GARDNER'S SUPER MARKETS, INC. NO. 14</b>					
Principal Place of Business <b>3117 BIRD AVE. MIAMI, FL 33133</b>			Mailing Address <b>C/O PLOUCHA, L.M. ESQ. 1946 TYLER ST. HOLLYWOOD, FL 33020-4517</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <i>Suite 1400</i> <b>1 Financial Plaza</b> <i>100 SE Third Ave</i> City & State <b>FL Lauderdale</b> Zip      Country <b>33394</b>		03102005      Chg-P      CR2E034 (10/03) 4. FEI Number      Applied For <b>02-0540701</b> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>PLOUCHA, L M ESQ 1946 TYLER STREET HOLLYWOOD, FL 33020-4517</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1 Financial Plaza Suite 1400</b> <b>100 SE Third Ave</b> City      State      Zip Code <b>FL Lauderdale 33394</b>		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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, JOSEPH T</b> <b>12374 SW 82ND AVE</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ADAMS, MAURICE D</b> <b>12374 SW 82ND AVE</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>ADAMS, ELIZABETH G</b> <b>12374 SW 82ND AVE</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHWARTZ, LOUISE G</b> <b>12374 SW 82ND AVE</b> <b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>William D. Adams</i>      CEO      3/10/05      305.667.9003</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					