2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

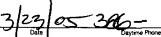
Apr 06, 2005 8:00 am Secretary of State DOCUMENT # P02000052841 04-06-2005 90096 002 ***150.00 PALM & CRILL FOOD MART, INC. Principal Place of Business Mailing Address 3200 CRILL AVE 3200 CRILL AVE PALATKA, FL 32177 PALATKA, FL 32177 03242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0446547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L DO NOT WRITE 1930 SAN MARCO BLVD JACKSONVILLE, FL 32207 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PΠ TITLE NOU, MIKE S NAME STREET ADDRESS 10668 PLUM HOLOW DR. JACKSONVILLE, FL 32222 City-ST-7IP TITLE NAME LIM. YUK LAY STREET ADORESS 10668 PLUM HOLOW DR. CITY-ST-ZIP JACKSONVILLE, FL 32222 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of 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 of the received 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED