

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90121 012 ***158.75

DOCUMENT # P02000075854

1. Entity Name
STEP-IN FOOD MART, INC.



Principal Place of Business

**5013 US 90 WEST
LAKE CITY, FL 32055**

Mailing Address

**5013 US 90 WEST
LAKE CITY, FL 32055**

2. Principal Place of Business

**4039, US Hwy 90 W
Suite # 105**

3. Mailing Address

**4039, US Hwy 90 W
Suite # 105**

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

33-1013176

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, GHANSHYAM S
5013 US 90 WEST
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name

PATEL GHANSHYAM S.

Street Address (P.O. Box Number is Not Acceptable)

4039, US Hwy 90 West

Suite # 105

City

Lake City

FL

Zip Code

32055

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, 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 **PS** ☐ Delete
NAME **PATEL, GHANSHYAM S**
STREET ADDRESS **5013 US 90 WEST**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **VT** ☐ Delete
NAME **PATEL, PRAVINA G**
STREET ADDRESS **5013 US 90 WEST**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/04

Date

386-754-3666

Daytime Phone #