

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000075854

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



Principal Place of Business
**4039 US HWY 90 W.
SUITE #105
LAKE CITY, FL 32055**

Mailing Address
**4039 US HWY 90 W.
SUITE #105
LAKE CITY, FL 32055**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1013176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, GHANSHYAM S
4039 US HWY 90 WEST
SUITE 105
LAKE CITY, FL 32055**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000852091
03/26/08-80014-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PATEL, GHANSHYAM S
STREET ADDRESS	5013 US 90 WEST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VT
NAME	PATEL, PRAVINA G
STREET ADDRESS	5013 US 90 WEST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

Sam Patel **Sam Patel** **3/2/08** **386-754-3666**