

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000086226

1. Entity Name
TONY'S FOOD MART INC.



Principal Place of Business
**908 AVENUE D
FT PIERCE, FL 34950**

Mailing Address
**908 AVENUE D
FT PIERCE, FL 34950**



05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1841949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SARHAN, SUZAN
5279 NW MACEDO BLVD
PORT ST LUCIE, FL 34983**

**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 *Suzan Sarhan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-8-06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000574084
08/11/06-30002-008 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SARHAN, SUZAN
STREET ADDRESS	5060 NW ERSKIN TERR
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	P
NAME	SARHAN, SUZAN
STREET ADDRESS	5060 NW ERSKIN TERR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
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 #