

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

**FILED
May 09, 2008 8:00 am
Secretary of State**

04-14-2008 90070 009 ***150.00



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1841949	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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: 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

3-31-08

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

05-01-08 465-764
Date Daytime Phone #