


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90003 003 ***150.00

DOCUMENT # P02000107830					
1. Entity Name S & M FOOD STORE, INC.					
Principal Place of Business 2735 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713			Mailing Address 2735 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713		
2. Principal Place of Business		3. Mailing Address 11300 66th St N # 412			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LARGO			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		FL-33773	PINELLAS.		
6. Name and Address of Current Registered Agent ARTHER, SHELINA 2735 5TH AVE NORTH SAINT PETERSBURG FL 33715			7. Name and Address of New Registered Agent Name SHELINA AKTHER Street Address (P.O. Box Number is Not Acceptable) 11300 66th St N # 412 City LARGO FL 33773		
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 <u>Shelina Akther</u> 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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AKTHER, SHELINA 2735 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S & M Food Store. <input type="checkbox"/> Change <input type="checkbox"/> Addition SHELINA AKTHER 11300 66th St N # 412 LARGO FL-33773.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Shelina Akther</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			06/27/04 (727) 686-5035 Date Daytime Phone #		