2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000123451

1. Entity Name
THOMPSON'S #1 GROCERY, INC.

Principal Place of Business	Mailing Address
3449 CANAL ST FT MYERS, FL 33905	3449 CANAL ST FT MYERS, FL 33905

01172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
37-1449809	Not Applicable

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

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IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, ELIJAH
1378 NUNA AVE
FT MYERS, FL 33905

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 _____   1-29-04
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	U000000031554 02/04/04-80153-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, ELIJAH
STREET ADDRESS	1378 NUNA AVE
CITY-ST-ZIP	FT MYERS, FL 33905

TITLE	D
NAME	THOMPSON, AGNES
STREET ADDRESS	1378 NUNA AVE
CITY-ST-ZIP	FT MYERS, FL 33905

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _____   Elijah Thompson   1-29-04