

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055021

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: ADEL WHOLESALE GROCERY INC.

## Current Principal Place of Business:

2500 CHARLEVOIX ST  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

## Current Mailing Address:

2500 CHARLEVOIX ST  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 55-0828994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZEDAN, RAJEL  
2500 CHARLEVOIX ST  
JACKSONVILLE, FL 32206 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZEDAN, SAMER  
Address: 12169 BAYNAN TREE DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: ZEDAN, RAJEL  
Address: 8803 E HAMPTON LANDING DR  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: ZEIDAN, AZIZ  
Address: 3635 CATHEDRAL OAKS PL S  
City-St-Zip: JACKSONVILLE, FL 32217

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AZIZ ZEDAN

OFFI

06/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date