

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90057 015 ***150.00

DOCUMENT # P03000055457

1. Entity Name

E-Z LANE FOOD MART INC.



Principal Place of Business

~~1307 EAST 5TH STREET~~
~~PANAMA CITY FL 32401~~
~~Sol Ohio Ave.~~
~~Lynn Haven, FL 32444~~

Mailing Address

~~1307 EAST 5TH STREET~~
~~PANAMA CITY FL 32401~~
~~Sol Ohio Ave.~~
~~Lynn Haven, FL 32444~~

2. Principal Place of Business

Sol Ohio Ave.

3. Mailing Address

Sol Ohio Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

4. FEI Number

02-0691983

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALSALHI, KHALED F
~~1307 EAST 5TH STREET~~
~~PANAMA CITY FL 32401~~
~~Sol Ohio Ave.~~
~~Lynn Haven, FL 32444~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Khaled Alsalhi K.A. Pres.

2-10-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ALSALH, KHALED
STREET ADDRESS ~~1307 E. 5TH ST.~~ Sol Ohio Ave.
CITY-ST-ZIP ~~PANAMA CITY FL 32401~~ Lynn Haven, FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

K.A. Khaled Alsalhi

2-10-05 (850) 277-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #