

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90069 030 \*\*\*150.00

DOCUMENT # P03000055614

1. Entity Name

BEVERLY'S ORIENTAL FOOD MARKET, INC.



Principal Place of Business

216 S. FAIRBARN DRIVE  
DELTONA FL 32725

Mailing Address

216 S. FAIRBARN DRIVE  
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-1196801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILL, BEVERLY  
216 S. FAIRBARN DRIVE  
DELTONA FL 32725

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

*Jeffrey H Gill*

(NOTE: Registered Agent signature required when reconstituting)

4/20/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GILL, BEVERLY  
STREET ADDRESS 216 S. FAIRBARN DRIVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE VP ☐ Change ☒ Addition  
NAME GILL JEFFREY H  
STREET ADDRESS 216 S FAIRBARN DRIVE  
CITY-ST-ZIP DELTONA, FLORIDA 32725

TITLE VP ☒ Delete  
NAME ALTHOFF, TINA L  
STREET ADDRESS 216 S FAIRBARN DRIVE  
CITY-ST-ZIP DELTONA FL 32725

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

TITLE D ☒ Delete  
NAME ALTHOFF, WESLEY D  
STREET ADDRESS 216 S FAIRBARN DRIVE  
CITY-ST-ZIP DELTONA FL 32725

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 exemptions contained in Section 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:

*Jeffrey H Gill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06 (748-7111)