## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111534

1. Entity Name
OLDE CAL'S PRODUCE MARKET, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 972 CASSAT AVE | 972 CASSAT AVE |
| JACKSONVILLE, FL 32205 | JACKSONVILLE, FL 32205 |

## DO NOT WRITE IN THIS SPACE

03142006   No Chg-P   CR2E034 (11/05)

4. FEI Number
57-1187915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAY, LOUISE
1060 HAMMOND BLVD
JACKSONVILLE, FL 32221

## DO NOT WRITE IN THIS SPACE

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 _____   3/20/06
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**
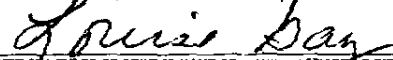**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐   $5.00 May Be Added to Fees

000000482648
04/11/06-80083-021  150.00

10. OFFICERS AND DIRECTORS

| TITLE | P |
|---|---|
| NAME | GAY, LOUISE |
| STREET ADDRESS | 1060 HAMMOND BLVD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32221 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Louise Day_   3/20/06   (904)786-352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #