
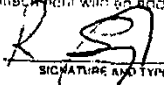


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90209 016 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|---|---|--|
| DOCUMENT # P04000065068 | |  | |
| 1. Entity Name INGLIS FOOD MART, INC. | | | |
| Principal Place of Business 11329 CYPRESS RESERVE DR. TAMPA, FL 33626 | | Mailing Address 11329 CYPRESS RESERVE DR. TAMPA, FL 33626 | |
| 2. Principal Place of Business 650 E. HWY 40 Suite, Apt. #, etc. | | 3. Mailing Address 650 E. HWY 40 Suite, Apt. #, etc. | |
| City & State INGLIS, FL | | City & State INGLIS, FL | |
| Zip 34449 | Country | Zip 34449 | Country |
| 4. FEI Number 56-2451285 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SINGH, RAJENDRA 11329 CYPRESS RESERVE DR. TAMPA, FL 33626 | | 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 _____ DATE _____ <small>SIGNATURE, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent Signature required when registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SINGH, RAJENDRA 11329 CYPRESS RESERVE DR. TAMPA, FL 33626 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 650 E. HWY 40 INGLIS, FL 34449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

14006085



04222005 Chg-F CR2E034 (10/03)