

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000100177	
1. Entity Name BASIA'S FOOD MART, INC.	

Principal Place of Business 1334 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948	Mailing Address 1334 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1360320	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Kawejsza, Barbara 1334 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948
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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 _____ (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

000000549873
05/13/06-80038-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kawejsza, Alina 2829 CABARET STREET PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kawejsza, Zdzislaw 2829 CABARET STREET PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kawejsza, Barbara 5064 DELIGHT AVENUE NORTH PORT, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Barbara Kawejsza 4-28-2006 941 629-8471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #