

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000120017

1. Entity Name
MCDANIEL GROCERY OF DONALSONVILLE, INC.



Principal Place of Business
2206 HWY 90
GRAND RIDGE, FL 32442

Mailing Address
2206 HWY 90
GRAND RIDGE, FL 32442



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1559662

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E
4450 LAFAYETTE ST
MARIANNA, FL 32446

**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 _____ DATE _____
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000918892
05/13/08-80101-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCDANIEL, KEVIN
STREET ADDRESS 2206 EL BETHEL CHURCH RD
CITY-ST-ZIP GRAND RIDGE, FL 32442

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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: Kevin McDaniel 4/21/2008 850.509.0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #