

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 002 ***150.00

DOCUMENT # P04000134207

1. Entity Name

EMPIRE FOOD MART INC



Principal Place of Business
7050 SE STATE ROAD 26
TRENTON FL 32693

Mailing Address
2844 FORRESTAL COURT
NEW PORT RICHEY FL 34655



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7050 S.E. S.R. 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Trenton, FL

4. FEI Number 20-1670655

Applied For
Not Applicable

Zip Country

Zip Country
32693 GILCHRIST

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

ZINNA, NAZIR
2844 FORRESTAL CT
NEW PORT RICHEY FL 34655

Name ZINNA, NAZIR

Street Address (P.O. Box Number is Not Acceptable)
5920 S.W. C.R. 307

City TRENTON FL Zip Code 32693

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

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, 2007, 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 P/S
NAME ZINNA, NAZIR ☐ Delete
STREET ADDRESS 2844 FORRESTAL CT
CITY - ST - ZIP NEW PORT RICHEY FL 34655

TITLE P/S
NAME ZINNA, NAZIR ☒ Change ☐ Addition
STREET ADDRESS 5920 S.W. C.R. 307
CITY - ST - ZIP TRENTON, FL 32693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-07 (352) 472 5079