2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)					Fab 27 2006 00.00 AM					
DCCUMENT # P04000164735 1. Enply Name					Feb 27, 2006 08:00 AM Secretary of State					
CROSSRO	DADS GROCERY 2, INC.	•								
Principal Place of Business		Mailing Address								
401 NORTH U.S. 1 ORMOND BEACH FL 32174		401 NORTH U.S. 1 ORMOND BEACH FL 32174		ł	1 1111			n #1011 10 000	firm extra	
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	ts	MOORE	CR2E03	4 (10/05	5}	-
City & State		City & State			4. FEI Numb	e/ 20-20392	95			lied For Applicat
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🛚	\$8.75 Fee Re		ional
	6. Name and Address of Curren	rt Registered Agent	Name		7. Name and	Address of Nev	w Registered	Agent		
PERKINS, ROBERT				Address (F	2 C. Boy Numb	er is Not Accepta	ahle)			
	NORTH U.S. 1 MOND BEACH FL 32174		366667	1) 680111		or is recorded				
			City			<u> </u>	F	<u> </u>	Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office o	r register	ed agent, or bo	oth, in the State of	f Florida, 1 an	n familiar	with, a	nd accep
SIGNATURE										
	Signature, typed or privide name of registered age	nt end the if suplicable (NOTE	: Registered Agent signal	ture required	when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	00 State				9. Election Cat Trust Fund (mpaign Finan Contribution.			May E
10.	OFFICERS AN	1075,70.01	11.		ADDITIONS	/CHANGES TO C	OFFICERS AN	IO DIREC	TORS	IN 11 _
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1 am 1						AC DISTRICT CONTRACT	1 &			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Elgrida Statutes. I further certify that the information indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Pakis

2-21-06 386 673-7717