

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT# P04000169225

1. Entity Name
FOOD STORE DISCOUNT, INC.



Principal Place of Business
2622 AVE. V NW
WINTER HAVEN, FL 33881

Mailing Address
2622 AVE. V NW
WINTER HAVEN, FL 33881



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1841208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIBIN, ROSE M
405 MARLBERRY LEAF AVENUE
KISSIMMEE, FL 34758

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000575850
09/01/06-80002-016 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | EMILCAR, JEAN M |
| STREET ADDRESS | 906 S. 19TH STREET |
| CITY-ST-ZIP | HAINES CITY, FL 338448223 |
| TITLE | VD |
| NAME | LUBIN, ROSE M |
| STREET ADDRESS | 405 MARLBERRY LEAF AVENUE |
| CITY-ST-ZIP | KISSIMMEE, FL 34758 |
| TITLE | SD |
| NAME | NOEL, VELOUSE |
| STREET ADDRESS | 2622 AVE. V. NW |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | TD |
| NAME | BENOIT, JOSEPH R |
| STREET ADDRESS | 908 KENBAR AVE. |
| CITY-ST-ZIP | HAINES CITY, FL 33844 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/27/06 Daytime Phone 863-965-7435