

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90072 026 \*\*\*150.00

**DOCUMENT # P05000003056**

1. Entity Name  
**STORMANTS GROCERY INC**



Principal Place of Business  
**PO BOX 262  
WHITE SPRINGS, FL 32096**

Mailing Address  
**PO BOX 262  
WHITE SPRINGS, FL 32096**

4003440-



2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**N/A**

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

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

**STORMANT, NEAL  
16874 SPRING ST  
WHITE SPRINGS, FL 32096**

Name **Lori A. Stormant**

Street Address (P.O. Box Number is Not Acceptable)  
**9445 SE CR 135**

City **White Springs FL** Zip Code **32096**

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 **Lori A. Stormant**

DATE **04-08-06**

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, 2006 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTS  
TORMANT, NEAL  
PO BOX 262  
WHITE SPRINGS, FL 32096** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
Lori A. Stormant  
9445 SE CR 135  
White Springs, FL 32096** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VICE PRESIDENT  
JIMMY E. STORMANT  
9537 SE CR 135  
White Springs, FL 32096** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
☐ Delete

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

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: **Lori A. Stormant**

DATE **04-08-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #