



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

05-08-2006 90295 006 ***150.00

DOCUMENT # P05000103619					
1. Entity Name CLR FOOD MART, INC.					
Principal Place of Business 4365 EDGE WATER CROSSING DR JACKSONVILLE, FL 32257			Mailing Address 4365 EDGE WATER CROSSING DR JACKSONVILLE, FL 32257		
2. Principal Place of Business 22959 County rd. 121 Suite, Apt. #, etc.		3. Mailing Address 9346 Mill Spring Dr. Suite, Apt. #, etc.			
City & State Hilliard, Florida		City & State Jacksonville, Florida			
Zip 32046	Country Nassau	Zip 32257	Country Duval	4. FEI Number 47-0957902	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAVA, SUDHEER 4365 EDGE WATER CROSSING DR JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 9346 Mill Spring Dr. City Jacksonville FL Zip Code 32257	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPTS	<input type="checkbox"/> Delete		TITLE CHAVA, SUDHEER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHAVA, SUDHEER			NAME CHAVA, SUDHEER		
STREET ADDRESS 4365 EDGE WATER CROSSING DR			STREET ADDRESS 4365 EDGE WATER CROSSING DR		
CITY-ST-ZIP JACKSONVILLE, FL 32257			CITY-ST-ZIP JACKSONVILLE, FL 32257		
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
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CITY-ST-ZIP _____			CITY-ST-ZIP _____		
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NAME _____			NAME _____		
STREET ADDRESS _____			STREET ADDRESS _____		
CITY-ST-ZIP _____			CITY-ST-ZIP _____		
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: <u>CSudheer, President</u>			<u>8/21/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		