## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State

DOCUMENT # P05000113584  1. Entity Name TONY'S CONVENIENCE STORES, INC.					Secretary of State			
Principal Place 2117 W MAIN TAMPA, FL 3	n st	Mailing Address 2117 W MAIN ST TAMPA, FL 33607	34		f (SET)(SET) (SET EN	eren bank benk bekk bekk	RI KRRI WERE IVEL EVEL EVEL	11 <b>111</b> 11111111111111111
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. ff, etc.		Sulte, Apr. #, etc.		01252008	Chg-P	CR2E034 (11/05	}	
City & State		City & State			4. FEI Number	-	<b>├-</b>	opplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate o	1 Status Desired	\$8.75 Ac	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
KEITH, KENNETH A 1202 MONTE LAKE DR VALRICO, FL 33594				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	de
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed is printed institute of registered agent and title it applicable.  (INDTE Registered Agent signature required when reinstating)  DATE  FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May Be  Affice May 1.1.2006 Fee will be SEED DD.  Trust Fund Contribution.								
After May 1, 2006 Fee will be \$550.00 [rust]  10. OFFICERS AND DIRECTORS			11.			HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS GRY-ST-ZIP	P KHAWAJA, KHALDOUN K 5305 N. BOULEVARD AVE. APT 1 TAMPA, FL 33603	□ Delete	TITU NAM STRE	E	, costionojo		☐ Change	
THILE NAME STREET AUDITESS CITY-ST-ZIP		□ Doleta	•	1		U00000 05/18/06	© Change 0560575 -80045-010 1	□ Addition
THTLE NAME STITLET ADDRESS CHY-ST-ZIP		☐ Delete	1	•			Change	Addition
TITLE NAME STREET AGURESS GITY-ST-ZIP		□ Delete		· {			☐ Change	☐ Addillan
INTLE NAME STREET ADDRESS GNY-SI-ZIP		☐ Delcte		i i			☐ Change	<b>□</b> Additioπ
TITLE NAME STREET ADDRESS CITY-ST-LIP		☐ Celote		1			☐ 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 required 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.								