

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135967

FILED
Jan 09, 2007
Secretary of State

Entity Name: BLOSSOM'S GROCERY AND WHOLESALE INC.

Current Principal Place of Business:

2111 STAPLES AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

408 WHITE ST
KEY WEST, FL 33040

Current Mailing Address:

2111 STAPLES AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-5793605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAUNDERS, SCOTT
201 FRONT ST.
SUITE 109
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KJOS, BRUCE T VP
2111 STAPLES AVE
KEY WEST, FL 33040 US

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.

SIGNATURE: BRUCE T. KJOS

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KJOS, BRUCE
Address: 2111 STAPLES AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KJOS, LORI
Address: 2111 STAPLES AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE T. KJOS

V P

01/09/2007

Electronic Signature of Signing Officer or Director

Date