


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90131 036 ***150.00

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| DOCUMENT # P07000009343 | |  | |
| 1. Entity Name JP'S WEST INDIAN GROCERIES, INC. | | | |
| Principal Place of Business 4270 MINTON ROAD STE 102 WEST MELBOURNE, FL 32904 | | Mailing Address 4270 MINTON ROAD STE 102 WEST MELBOURNE, FL 32904 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PLUNKETT, JOYCELYN M 4270 MINTON ROAD STE 102 WEST MELBOURNE, FL 32904 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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.</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP | D PLUNKETT, JOYCELYN M 251 DISTRICT STREET SE PALM BAY, FL 32909 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.P. JOYCELYN PLUNKETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 251 DISTRICT ST. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, WAYNE O 4270 MINTON ROAD STE 102 WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.V. P. WAYNE POWELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 251 DISTRICT ST. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KEVIN PLUNKETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 251 DISTRICT ST SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.S. NICOLE GASPARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 251 DISTRICT ST SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-Sean Plunkett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 251 DISTRICT ST. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joycelyn Plunkett</u> <u>Joycelyn Plunkett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 3/19/08 320-7235148 <small>Date Time Phone #</small> | | | |

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| 4. FEI Number 20-8284279 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |