

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 22, 2007 08:00 A  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                  |                                                                                                                              |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P15701</b><br>1. Entity Name<br><b>H.B. PAULK GROCERY CO., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                  |                                                                                                                              |                                                                             |  |
| Principal Place of Business<br><b>HWY 52<br/>OPP AL 36467</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                  | Mailing Address<br><b>P.O. BOX 637<br/>OPP AL 36467<br/>US</b>                                                               |                                                                                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                    |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                  | City & State                                                                                                                 |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                          | Zip                                              | Country                                                                                                                      | 4. FEI Number <b>63-0160937</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                  |                                                                                                                              | 1st MOORE CR2E034 (10/06)                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LUKE, STANLEY K.<br/>121 COURTHOUSE TERR<br/>CRESTVIEW FL 32536</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                  |                                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u><i>Stanley K. Luke</i></u> <b>Stanley K. Luke, Registered Agent</b> <u>2/20/07</u><br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE</small>                                                                                                                                         |                                                                                                                                  |                                                  |                                                                                                                              |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                  |                                                                                                                              | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                        |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br><b>YOUNG, FERRIS PAULK</b><br><b>OLD PERRY STORE ROAD</b><br><b>OPP AL 36467</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000643908</b><br><b>03/02/07-80021-003 150.00</b> |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD<br><b>ANDERSON, RENEE Y.</b><br><b>4952 VETERANS MEMORIAL PARKWAY</b><br><b>OPP AL 36467</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br><b>MURPHY, MARU Y.</b><br><b>411 HWY 52</b><br><b>OPP AL 36467</b> <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br><b>ANDERSON, LARRY W.</b><br><b>4952 VETERANS MEMORIAL PARKWAY</b><br><b>OPP AL 36467</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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><i>Ferris P. Young</i></u> <b>Ferris P. Young</b> <u>2-6-07</u> <b>334-493-3256</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                  |                                                                                                                              |                                                                                                                                                              |  |