

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90009 003 \*\*\*150.00

**DOCUMENT # P28573**

1. Entity Name

SUPER FRESH/SAV-A-CENTER, INC.



Principal Place of Business

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

Mailing Address

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

94024148



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2630228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOUT, KAREN	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COSTANTINI, WILLIAM	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSS, WILLIAM	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIWEK, BRIAN	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOLA, R.J.	
STREET ADDRESS	2 PARAGON DRIVE	
CITY-ST-ZIP	MONTVALE NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Dickson	
STREET ADDRESS	1401 Jefferson Highway	
CITY-ST-ZIP	Jefferson, LA 70121	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph J. Gorman	
STREET ADDRESS	2 Paragon Dr.	
CITY-ST-ZIP	Montvale, NJ 07645	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

Joseph J. Gorman

2-27-04

201-573-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #