

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000000162

1. Entity Name

ISLAND FOOD STORES OF FLORIDA, INC.



FILED

05 APR 15 AM 11:00

CLERK OF STATE
TALLAHASSEE, FLORIDA



03072005 Chg-P CR2E034 (10/03)

4. FEI Number

59-3177760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST.
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE, FL 32202

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, CHESTER E JR	
STREET ADDRESS	4315 PABLO OAKS CT # 2	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	4315 PABLO OAKS CT # 2	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRANTHOUSE, CRAIG A	
STREET ADDRESS	4315 PABLO OAKS CT # 2	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RONALD E	
STREET ADDRESS	4315 PABLO OAKS CT # 2	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	4315 PABLO OAKS CT # 2	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	700051639397
STREET ADDRESS	04/22/05--01044--002 **900.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

Craig A. Brant House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

904-482-1200

Daytime Phone #