

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000162

FILED
Feb 23, 2006
Secretary of State

Entity Name: ISLAND FOOD STORES OF FLORIDA, INC.

Current Principal Place of Business:

4315 PABLO OAKS CT
2
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS CT
2
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3177760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOKES, CHESTER E JR
Address: 4315 PABLO OAKS CT # 2
City-St-Zip: JACKSONVILLE, FL 32224

Title: DP () Delete
Name: BERGMANN, THOMAS C
Address: 4315 PABLO OAKS CT # 2
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: BRANTHOUSE, CRAIG A
Address: 4315 PABLO OAKS CT # 2
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: HICE, SHERRY
Address: 4315 PABLO OAKS CT # 2
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP () Change (X) Addition
Name: WEBBER, BRIAN B
Address: 4315 PABLO OAKS CT # 2
City-St-Zip: JACKSONVILLE, FL 32224

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: BRIAN WEBBER

VP

02/23/2006

Electronic Signature of Signing Officer or Director

_____ Date