

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 022 ***150.00

DOCUMENT # P93000036369

1. Entity Name
OAKFIELD GROCERY N. P., INC.



Principal Place of Business
**6680 NORTH PALAFOX ST.
PENSACOLA, FL 32503**

Mailing Address
**6680 NORTH PALAFOX ST.
PENSACOLA, FL 32503**

24019279

DO NOT WRITE IN THIS SPACE

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3181497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHAM, TRUONG
6680 NORTH PALAFOX ST
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PHAM, TRUONG
STREET ADDRESS 2905 LOGAN DR.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME NGUYEN, THOA
STREET ADDRESS 2905 LOGAN DR.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME NGUYEN, QUANG
STREET ADDRESS 238 CREEK VIEW DR.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME PHAM, TOAN
STREET ADDRESS 238 CREEK VIEW DR.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TRUONG V. PHAM 2/26/04
(850) 478-9586