

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90068 038 ***150.00

DOCUMENT # P93000071410	
1. Entity Name SOBEYS PRODUCE INC.	

Principal Place of Business WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE., S-300 BOYNTON BCH., FL 33426 US	Mailing Address WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE., S-300 BOYNTON BCH., FL 33426 US
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94007162

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0441887	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	
HODSGON, RUSS, ANDREWS, WOODS & GOODYEAR HODSON RUSS 1801 NORTH MILITARY TRAIL, STE 200 BOCA RATON, FL 33434		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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MCEWAN, WILLIAM 39 BELL ST NEW GLASGOW, NS b2h 2a8 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC MCEWAN, WILLIAM G. (BILL) 39 BELL STREET NEW GLASGOW, NS B2H 2A8 CANADA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, ANTHONY 200 GLADES RD STE-400 BOCA RATON, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, ANTHONY 6692 N.W. 25th Way BOCA RATON, FL 33496 USA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV HYNES, GLENN 216 BLUE HERON DR NW GLASGOW, NS ns b2h 5s ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV HYNES, R. GLENN 216 BLUE HERON DR. NEW GLASGOW, NS B2H 5S5 CANADA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC DICKSON, JAMES 32 ST. LAURENT PLACE HALIFAX NS 83M-4B8, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC DICKSON, JAMES M. 32 St. Laurent Place HALIFAX, NS B3M 4B8 CANADA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLINSON, KEAY 29 SIERRA DRIVE NEW GLASKGOW, NS b2h 6a3 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL JEWER 6232 DUNCAN ST. HALIFAX, NS B3L 1K3 CANADA ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCDOW, JANE 48 ST. BERNARD ST. NEW ELA5GEW, B2H 5U4, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCDOW, JANE L. 48 ST. BERNARD STREET NEW GLASGOW, NS B2H 5V4 CANADA ☒ Change ☐ Addition

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: **L. JANE MCDOW** *L. Jane McDow* **Jan 14/04** **902-752-8371** **Ext. 2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #