2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State

DOCUMENT # P96000015040 1. Entity Name BLUE MOUNTAIN GROCERY INC.					03-17-2005 90020 045 ***150.00					
Principal Plac	e of Business	Mailing Address								
2320 W HWY Santa Rosa	730-A W Beach, Fl 32459 US	2320 W HWY 30-A W Santa Rosa Beach, Fi	. 32459 U	S	1 (188 1)(18	48128 BAIR BBIN BYIN SI	TIM GBUTI MEDA ÁMM	ı 62111 61811 801	18 0 1 († 1 22 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, atc.		02162005	Chg-P	CR2E03	4 (10/03)			
City & State		City & State			4. FEI Number Applied 59-3360526 Not Appl		plied For t Applicable			
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addi ee Required		
	~ 6 Name and Address of Current	Registered Agent	Mes		7. Name and	Address of New	Registered A	gent		
BRADLEY, SARA 2320 HWY C-30 W SANTA ROSA BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable)						
SANIANO	JOA BEACH, PE 32435									
i			City				FL	Zip Code	•	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office	e or register	red agent, or bot	h, in the State of F	Torida. I am fa	amiliar with,	and accept	
SIGNATURE.	•									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent sig	gnature required	1 when reinstating)		DATE			
FIL	Signature, typed or printed name of registered agent E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai	gn Financing	\$5.	.00 May Be		DATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Cont	gn Financing	\$5.	.00 May Be ed to Fees	CHANGES TO OF		DIRECTORS	5 IN 11	
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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.

CITY-ST-ZIP-

SIGNATURE:

CITY-\$T-ZIP------

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OF DIRECTOR DATE OF DATE PROTE PROTE I