
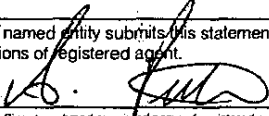
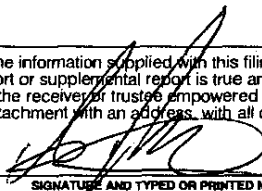


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90233 037 \*\*\*150.00

<b>DOCUMENT # P96000017983</b> 1. Entity Name <b>TLC FOOD MART, INC.</b>					
Principal Place of Business <b>7700 BLIND PASS ROAD</b> <b>ST. PETE BEACH, FL 33706</b> <b>2822 BEACH BLVD</b> <b>GULFPORT, FL 33707</b>			Mailing Address <b>7700 BLIND PASS ROAD</b> <b>ST. PETE BEACH, FL 33706</b> <b>2822 BEACH BLVD</b> <b>GULFPORT, FL 33707</b>		
2. Principal Place of Business <b>2822 BEACH BLVD.</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>GULFPORT, FL.</b> Zip <b>33707</b> Country <b>FLORIDA</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-3380475</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>PAPARGIRIOU, ANASTASIOS</b> <b>7700 BLIND PASS ROAD</b> <b>ST. PETE BEACH, FL 33706</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>ANASTASIO PAPARGIRIOU</b> <b>04-26-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PAPARGIRIOU, ANASTASIOS</b> <input type="checkbox"/> Delete <b>7700 BLIND PASS ROAD</b> <b>ST. PETE BEACH, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PAPARGIRIOU, CLAIRE M</b> <input type="checkbox"/> Delete <b>7700 BLIND PASS ROAD</b> <b>ST. PETE BEACH, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			04-26-04 727-363-4096 <small>Date Daytime Phone #</small>		