

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90058 001 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P96000017983 1. Entity Name TLC FOOD MART, INC.																																																																																																																															
Principal Place of Business 2822 BEACH BLVD. GULF PORT FL 33707			Mailing Address 2822 BEACH BLVD. GULF PORT FL 33707																																																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																													
City & State		City & State																																																																																																																													
Zip	Country	Zip	Country	4. FEI Number 59-3380475 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PAPARGIRIOU, ANASTASIOS 7700 BLIND PASS ROAD ST. PETE BEACH FL 33706																																																																																																																											
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAPARGIRIOU, ANASTASIOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7700 BLIND PASS ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST. PETE BEACH FL 33706</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAPARGIRIOU, CLAIRE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7700 BLIND PASS ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST. PETE BEACH FL 33706</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P.D.</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAPARGIRIOU, ANASTASIOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2822 BEACH BLVD. S.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GULFPORT, FL. 33707</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAPARGIRIOU, CLAIRE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2822 BEACH BLVD. S.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GULFPORT, FL. 33707</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	PAPARGIRIOU, ANASTASIOS		STREET ADDRESS	7700 BLIND PASS ROAD		CITY- ST- ZIP	ST. PETE BEACH FL 33706		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	PAPARGIRIOU, CLAIRE M		STREET ADDRESS	7700 BLIND PASS ROAD		CITY- ST- ZIP	ST. PETE BEACH FL 33706		TITLE	P.D.	<input type="checkbox"/> Delete	NAME	PAPARGIRIOU, ANASTASIOS		STREET ADDRESS	2822 BEACH BLVD. S.		CITY- ST- ZIP	GULFPORT, FL. 33707		TITLE	VD	<input type="checkbox"/> Delete	NAME	PAPARGIRIOU, CLAIRE M		STREET ADDRESS	2822 BEACH BLVD. S.		CITY- ST- ZIP	GULFPORT, FL. 33707		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																													
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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.																																																																																																																															
SIGNATURE: ANASTASIOS PAPARGIRIOU 03-10-05 727-321-2833 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																															