2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 01, 2005 08:00 AM Secretary of State **DOCUMENT # P96000027834** 1. Entity Name COMMUNITY STORES, INC. Mailing Address Principal Place of Business **601 DAVID AVE 601 DAVID AVE** PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 US 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3376233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, RONNIE H DO NOT WRITE 601 DAVID AVE PANAMA CITY, FL 32404 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.90 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ADAMS, RONNIE H NAME 601 DAVID AVE STREET AUDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR