


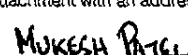


FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000030598 1. Entity Name PRESCO FOOD STORE #4 INC.				Apr 01, 2005 08:00 Secretary of State	
Principal Place of Business 4621 PLACIDA RD GROVE CITY, FL 34224		Mailing Address 4821 PLACIDA RD GROVE CITY, FL 34224			
DO NOT WRITE IN THIS SPACE					
				03252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0655946		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATEL, MUKESH 4821 PLACIDA RD GROVE CITY, FL 34224				DO NOT WRITE 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 03-29-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PATEL, MUKESH 4821 PLACIDA RD GROVE CITY, FL				
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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)(f), 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.				1000000282836 04/01/05-80003-004 150.00	
SIGNATURE: 		03-29-05		Date Daytime Phone #	