

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000076975**

1. Entity Name  
**GITA FOOD STORE, INC.**



Principal Place of Business  
**HWY 47 W I-75  
 LAKE CITY, FL 32025**

Mailing Address  
**RR 22 BOX 2357  
 LAKE CITY, FL 32024**

**DO NOT WRITE IN THIS SPACE**



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3398722**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SONI, GITA  
 RR 13, BOX 917-105  
 LAKE CITY, FL 32055-8218**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U000000094968  
 03/24/04-80013-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SONI, GITA
STREET ADDRESS	RR 13, BOX 917-105
CITY-ST-ZIP	LAKE CITY, FL 320558218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: SONI, GITA **3/20/04** (380) 754-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #