2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P96000082341

1. Entity Name TERRY'S GROCERY, INC.



Principal Place of Business

4821 GEORGE RD TAMPA, FL 33634 Mailing Address

4821 GEORGE RD TAMPA, FL 33634

FILED Mar 22, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

4.	FEI Number	L.	Applied For
	59-3404907	[.	Not Applicabl
5.	Certificate of Status Desired	\$8.75 Fee Red	Additional quired

6. Name and Address of Current Registered Agent

MALKI, MILAD 4821 GEORGE RD **TAMPA, FL 33634**

SIGNATURE: .

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution			ing 🔲	\$5.00 May Be Added to Fees	000000675515 03/30/07-80022-005 150.00			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTO MILAD MALKI 177 LAKEVIEW WAY OLDSMAR, FL 34677		-	-	and the second s			
TITLE NAME STREET ADDRESS CITY-ST-2IP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Pr. 4		. •				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.								

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR