

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000093192

1. Entity Name
FRIER'S SUPER CENTER OF MIDDLEBURG, INC.



Principal Place of Business
**2501 BLANDING BLVD.
MIDDLEBURG, FL 32068**

Mailing Address
**12788 US 90 WEST
LIVE OAK, FL 32060**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3411926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055**

**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 NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	FRIER, MATTHEW W
STREET ADDRESS	12788 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060

TITLE	DV
NAME	FRIER, WAYNE
STREET ADDRESS	12788 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060

TITLE	DT
NAME	FRIER, TODD
STREET ADDRESS	12788 US 90 WEST
CITY-ST-ZIP	LIVE OAK, FL 32060

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/05-80042-018 150.00

**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)(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 807, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Frier

3-1-05

Date

386-363-2720

Daytime Phone #