

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057246

FILED
Feb 02, 2006
Secretary of State

Entity Name: SUPER FLEA FOOD SERVICES, INC.

Current Principal Place of Business:

4121 NW 44TH AVE
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3656
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3454497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, III, R. RAY
4121 NW 44TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: GREENE, III C RAY
Address: 11514 E. HWY 316
City-St-Zip: FT MC COY, FL 32134

Title: PD () Delete
Name: SEYLER, EDWARD K
Address: 707 NE 25TH AVE
City-St-Zip: OCALA, FL

Title: VPD () Delete
Name: PAULEY, GARY
Address: 4121 NW 44TH AVE
City-St-Zip: OCALA, FL 34482

Title: AST () Delete
Name: GREENE, SUE
Address: 11514 E. HWY. 316
City-St-Zip: FORT MCCOY, FL 32134

Title: AST () Delete
Name: WEINGARTNER, PATRICIA
Address: 4121 NW 44TH AVE.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SEYLER, EDWARD K
Address: 707 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

Title: VPD (X) Change () Addition
Name: PAULEY, GARY
Address: J P O BOX 3656
City-St-Zip: OCALA, FL 34478

Title: AST (X) Change () Addition
Name: GREENE, SUE
Address: P O BOX 188
City-St-Zip: FORT MCCOY, FL 32134

Title: AST (X) Change () Addition
Name: WEINGARTNER, PATRICIA
Address: P O BOX 3656
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. RAY GREENE III

ST

02/02/2006

Electronic Signature of Signing Officer or Director

Date