

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000075690

1. Entity Name  
CIRCLE "D" VARIETY STORE, INC.



Principal Place of Business  
4299 WEST STATE RD 6  
JASPER, FL 32052

Mailing Address  
4299 WEST STATE RD 6  
JASPER, FL 32052



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3473375**

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

DEROCCO, ROBIN  
4976 NW 42ND PLACE  
JASPER, FL 32052

**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 P  
NAME DEROCCO, DAISY L  
STREET ADDRESS 4187 NW 49TH CT  
CITY-ST-ZIP JASPER, FL 32052

TITLE VP  
NAME DEROCCO, FREDRICK J  
STREET ADDRESS 4187 NW 49TH CT  
CITY-ST-ZIP JASPER, FL 32052

TITLE S  
NAME DEROCCO, ROBIN L  
STREET ADDRESS 4976 NW 42ND PLACE  
CITY-ST-ZIP JASPER, FL 32052

TITLE T  
NAME DEROCCO, LADDIE R  
STREET ADDRESS 4976 NW 42ND PLACE  
CITY-ST-ZIP JASPER, FL 32052

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000305005  
04/14/05-80065-019 150.00

**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 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:

*Laddie R DeRocco* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-938-4850

Daytime Phone #