2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000075690

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

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

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be $600.00

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

000000R99264
04/28/08-80032-008 150.00

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	

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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.

SIGNATURE: L.R. DeRocco Treasurer 4/13/08 386 938-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #