

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078709

Entity Name: PRICE CHOPPER, INC.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

6958 VENTURE CIRCLE
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

6958 VENTURE CIRCLE
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 59-3469404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOOKNARINE, NYLA
4543 SEAFARER WAY
ORLANDO, FL 32817 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: D () Delete
Name: SOOKNARINE, NYLA
Address: 4543 SEAFARER WAY
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: SOOKNARINE, JEFFERSON
Address: 4543 SEAFARER WAY
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: SOOKNARINE, SHARA
Address: 3224 DWARF PINE AVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SOOKNARINE, SHARA
Address: 16874 CEDAR RUN DR
City-St-Zip: ORLANDO, FL 32828

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: NYLA SOOKNARINE

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date