

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000091713

1. Entity Name
FL FOOD LION, INC.



Principal Place of Business
**2110 EXECUTIVE DRIVE
CORPORATE TAX DEPT.
SALISBURY, NC 28145**

Mailing Address
**2110 EXECUTIVE DRIVE
CORPORATE TAX DEPT.
SALISBURY, NC 28145**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2051565

Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **ANICETTI, RICHARD A**
STREET ADDRESS **2110 EXECUTIVE DR**
CITY-ST-ZIP **SALISBURY, NC 281451330**

TITLE **AS**
NAME **HAYES, JOSEPH A III**
STREET ADDRESS **2110 EXECUTIVE DRIVE**
CITY-ST-ZIP **SALISBURY, NC 281451330**

TITLE **S**
NAME **EVANS, G LINN**
STREET ADDRESS **2110 EXECUTIVE DRIVE**
CITY-ST-ZIP **SALISBURY, NC 28145**

TITLE **AST**
NAME **JAMES, RICHARD**
STREET ADDRESS **2110 EXECUTIVE DRIVE**
CITY-ST-ZIP **SALISBURY, NC 28145**

TITLE **VP**
NAME **DIXON, R. GLENN**
STREET ADDRESS **2110 EXECUTIVE DRIVE**
CITY-ST-ZIP **SALISBURY, NC 28145**

TITLE **VP**
NAME **HERDON, CAROL**
STREET ADDRESS **2110 EXECUTIVE DRIVE**
CITY-ST-ZIP **SALISBURY, NC 281451330**

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05/16/06-80025-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

704-633-8250

Daytime Phone

G LINN EVANS