


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000001507**

1. Entity Name  
**VILLAGE MARKET, INC.**



Principal Place of Business      Mailing Address

**2865 SOUTH PONTE VEDRE BLVD.  
S.PONTE VEDRE BEACH FL 32082**      **2865 SOUTH PONTE VEDRE BLVD.  
S.PONTE VEDRE BEACH FL 32082**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

.1st MOORE      CR2E034 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3487541**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RICHARD W  
2865 S. PT VEDRA BLVD  
S. PT VEDRA FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, lead or printed name of registered agent (if applicable)      (If CFE Registered Agent is obtained, required when completing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD W	
STREET ADDRESS	2865 S. PT VEDRA BLVD	
CITY-ST-ZIP	S. PT VEDRS FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CHRISTOPHER W	
STREET ADDRESS	2865 S. PT VEDRA BLVD	
CITY-ST-ZIP	S. PT VEDRS FL 32082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	2865 S. PT VEDRA BLVD	
CITY-ST-ZIP	S. PT VEDRS FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000293143       Change       Addition  
04/16/08-80069-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: Barbara Smith      Barbara Smith      4-4-08      904-823-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #