

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011683

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: ADA'S NATURAL FOODS MARKET, INC.

## Current Principal Place of Business:

4650 S CLEVELAND AVE  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## New Mailing Address:

105 HAMILTON AVE  
LEHIGH ACRES, FL 33936 US

## Current Mailing Address:

4650 S CLEVELAND AVE  
FORT MYERS, FL 33907 US

FEI Number: 52-2078876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: BONADIES, ED  
Address: 103 WELLINGTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BONADIES, NICHOLAS  
Address: 105 HAMILTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Change (X) Addition  
Name: BONADIES, EDWARD  
Address: 105 HAMILTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SEC ( ) Change (X) Addition  
Name: BONADIES, MARYANN  
Address: 105 HAMILTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS BONADIES

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date