

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

192

08-23-2004 90026 035 ***150.00

FILE #98000018330

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

DOCUMENT # P98000018330

1. Entity Name
GREENWOOD FOOD MART INC.



Principal Place of Business
1205 N. GREENWOOD AVE.
CLEARWATER, FL 33755-3225

Mailing Address
1205 N. GREENWOOD AVE.
CLEARWATER, FL 33755-3225



07232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-4131257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALHAB, WAEI
1205 N. GREENWOOD AVE.
CLEARWATER, FL 33755-3225

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SALHAB, WAEI
STREET ADDRESS 2578 OAK TRAIL APT 201
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VP
NAME SALHAB, MAMOUN
STREET ADDRESS 2578 OAK TRAIL APT 201
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

7/25/04 813-760-7658

292

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-288-8170 ♦ Fax 813-282-3169

September 02, 2004

TO WHOM IT MAY CONCERN:

I BASSAM J SALEH THE OWNER OF PROFESSIONAL BOOKKEEPERS HAVE MANY OF MY CLIENTS
CALL ME THAT THEY DID NOT RECEIVE THE FIRST RENEWAL.
THIS IS ONE OF THEM PLEASE ACCEPT THE RENEWAL AND WAVE THE LATE FEE FOR THAT
MATTER.

THANK YOU FOR YOUR HELP.

IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE DO NOT HESITATE TO CALL.

CORP. # P98000018330

Sincerely,


BASSAM J. SALEH