2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 08:00 AM DOCUMENT # P98000061918 **Secretary of State** 1. Entity Name MAXVILLE FOOD MART, INC. Principal Place of Business Mailing Address 8788 HIGHWAY 301 SOUTH JACKSONVILLE FL 32234 8788 HIGHWAY 301 SOUTH JACKSONVILLE FL 32234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3508868 Not Applicable Zφ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSLEY, DIANA S Street Address (P.O. Box Number is Not Acceptable) 8788 HIGHWAY 301 SOUTH JACKSONVILLE FL 32234 City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campalgn Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DV D Defete TITLE Addition Change Change MOSLEY, DIANA S NAME NAME 8788 HIGHWAY 301 SOUTH STREET ADDRESS STREET ADDRESS CITY - ST - ZiP JACKSONVILLE FL 32234 CRY-ST-ZIP DP TITLE Delete THEE Change Addition U00000044728 02/11/04-80035-002 150.00 NAME MOSLEY, RONALD D NAME STREET ADDRESS 8788 HWY 301 S STREET ADDRESS JACKSONVILLE FL 32234 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CUTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CXTY-ST-Z@ ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CSTY - ST- ZSP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 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, Liurther 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.

RONALD D. MOSLEY St 02-08-09

FILED