

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000103037

1. Entity Name
VOLUSIA DISCOUNT FOODS, INC.



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business
**309 6TH ST.
HOLLY HILL, FL 32117-3611**

Mailing Address
**309 6TH ST.
HOLLY HILL, FL 32117-3611**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, J. CARTER
120 E. CONCORD ST.
ORLANDO, FL 32801**

**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 reinstating)

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 PD
NAME FLADELAND, HARVEY L
STREET ADDRESS 309 6TH ST.
CITY-ST-ZIP HOLLY HILL, FL 321173611

TITLE TSD
NAME PEREZ, MELINDA L
STREET ADDRESS 309 6TH STREET
CITY-ST-ZIP HOLLY HILL, FL 321173611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000525916
05/04/06-80052-008 150.00

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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

Date

Daytime Phone #

HARVEY L. FLADELAND 2 APR 06 255-0800