2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
02-18-2004 90019 036 ***150.00

DOCUMENT # P99000038738

1. Entity Name
LUCKY WAY FOOD STORES, INC.

66405665

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2101 HUSSON AVE. PALATKA FL 32177	2101 HUSSON AVE. PALATKA FL 32177

2. Principal Place of Business	3. Mailing Address
Lucky WAY Food	2101 HUSSON AVE
Suite, Apt. #, etc. 2101 HUSSON AVE	Suite, Apt. #, etc. Palatka
City & State Palatka Palatka	City & State FL
Zip FL 32177 Country Putmn	Zip FL 32177 Country Putmn

4. FEI Number 59-3579147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOHD, KHALID A 2101 HUSSON AVE. PALATKA FL 32177	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 KHALID Mohd 2-24-04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOHD, KHALID 3317 KINEY STREET PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: KHALID MOHD 3-9-04 Parsdent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3863288971