


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90015 032 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P99000038738<br>1. Entity Name<br>LUCKY WAY FOOD STORES, INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>LUCKY WAY FOOD<br>2101 HUSSON AVE<br>PALATKA, FL 32177 | Mailing Address<br>2101 HUSSON AVE.<br>PALATKA, FL 32177 |
|---|--|

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01032006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>59-3579147  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>MOHD, KHALID A<br>2101 HUSSON AVE.<br>PALATKA, FL 32177 |
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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 KHALID MOHD DATE 01-17-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MOHD, KHALID<br>3317 KINEY STREET<br>PALATKA, FL 32177 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: KHALID MOHD owner 3-6-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66004322

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

LUCKY WAY FOOD STORES, INC.  
2101 HUSSON AVE.  
PALATKA, FL 32177

Subject: LUCKY WAY FOOD STORES, INC.

Reference Number: P99000038738

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION