

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000110123

Entity Name: W.R. MCDANIEL GROCERIES, INC.

FILED
Aug 19, 2009
Secretary of State

Current Principal Place of Business:

8178 HIGHWAY 90
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

8178 HIGHWAY 90
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-3615011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, W. R.
8178 HIGHWAY 90
SNEADS, FL 32460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDANIEL, W.R.
Address: P.O. BOX 3
City-St-Zip: CYPRESS, FL 32432

Title: ST () Delete
Name: MCDANIEL, JUDY
Address: P.O. BOX 3
City-St-Zip: CYPRESS, FL 32432

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDANIEL, W.R.
Address: P.O. BOX 3
City-St-Zip: CYPRESS, FL 32432 US

Title: S (X) Change () Addition
Name: MCDANIEL, JUDY
Address: P.O. BOX 3
City-St-Zip: CYPRESS, FL 32432 US

Title: VP () Change (X) Addition
Name: CODY, MCDANIEL
Address: 8178 HIGHWAY 90
City-St-Zip: SNEADS, FL 32460 US

Title: T () Change (X) Addition
Name: JONATHAN, MCDANIEL
Address: 8178 HIGHWAY 90
City-St-Zip: SNEADS, FL 32460 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WR MCDANIEL

P

08/19/2009

Electronic Signature of Signing Officer or Director

Date