2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 31, 2006 8:00 am DOCUMENT # \$12380 **Secretary of State** 07-31-2006 90009 048 ***150.00 FOODWAY MARKET OF LAKE ALFRED, INC. Principal Place of Business Mailing Address 46-16 LUCE RD. 46-16 LUCE RD. LAKELAND FL 33813 LAKELAND FL 33813 3. Mailing Address IRIM 'N TIDY CLEANERS Suite, Apr. F. 3. HIGHLAND DRIVE 2. Principal Place of Business TRIM N TIDY CLEANERS 225 W. HIGHLAND DRIVE 2nd MOORE CR2E034 (4/06) City & State 4. FEI Number Applied For 65-0234496 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYANAND, RAJENDRA 46-16 LUCE RD. LAKELAND FL 33813 ** 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 registèred agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State M not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE DYANAND, RAJENDRÁ NAME NAME 46-16 LUCE RD STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE DYANAND, SAMUNDAR NAME 1921 KIMBAL CT STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY - ST - ZIP THLE ☐ Delete TITLE Wood wind Hill DYANAND, BEBI NAME NAME 4616 LUCE RD STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-7IP ☐ Defete Addition TITLE TITE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall 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 trustee/empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information indicated on this report or suppler of the corporation or the regeiver changed, or on an attachment ess, with all other li

FILED

Daytime Phone #