2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State
06-11-2008 90001 044 ***150.00

DOCUMENT # S12380

1. Entity Name
FOODWAY MARKET OF LAKE ALFRED, INC.

Principal Place of Business	Mailing Address
225 WEST HIGHLAND DR LAKELAND, FL 33813 US	225 WEST HIGHLAND DR LAKELAND, FL 33813 US

06022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. TRIM 'N TIDY CLEANERS 225 W. HIGHLAND DRIVE	Suite, Apt. #, etc.
City & State LAKELAND, FL 33813	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0234496 ☐ 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
DYANAND, RAJENDRA 26-12 WOODWIND HILLS LN LAKELAND, FL 33813	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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 DYANAND, RAJENDRA 26-12 WOODWIND HILLS LN LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DYANAND, SAMUNDAR 1921 KIMBAL CT LAKELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DYANAND, BEBI 26-12 WOODWIND HILL LN LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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: _____ 6/7/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40108207

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Document Number S12380
Business Entity Name FOODWAY MARKET OF LAKE ALFRED, INC.

FEI Number 65 - 0234496

FEI Number Status ◉ Listed Above ○ Applied For ○ Not Applicable

Certificate of Status ☐ **$8.75 (Optional)**

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Principal Place of Business

Address 225 WEST HIGHLAND DR (PO Box not acceptable)
Suite, Apt. #, etc.
City, State LAKELAND , FL
Zip Code & Country 33813 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ **Mailing address same as principal address**

Address 225 WEST HIGHLAND DR
Suite, Apt. #, etc.
City, State LAKELAND , FL
Zip Code & Country 33813 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) , , , ,

- OR -

Business to serve as RA DYANAND, RAJENDRA

Street Address In Florida 26-12 WOODWIND HILLS LN (PO Box not acceptable)
Suite, Apt. #, etc.
City, State LAKELAND , FL

ATTACHMENT 40108207 #912380

Zip Code & Country 33813 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title P

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director DYANAND, RAJENDRA

Street Address 26-12 WOODWIND HILLS LN

City, State LAKELAND , FL

Zip Code & Country 33813

Name And Address #2

Title VP

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director DYANAND, SAMUNDAR

Street Address 1921 KIMBAL CT

City, State LAKELAND , FL

Zip Code & Country

Name And Address #3

Title S

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director DYANAND, BEBI

Street Address 26-12 WOODWIND HILL LN

City, State LAKELAND , FL

Zip Code & Country 33813

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Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title President

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.