2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SUSTEMENT K. BOLLY - DYON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 03, 2004 08:00 AM
Secretary of State

772-461-10, Daysine Phone #

1. Entity Name	MENT # S38075 FOOD MART, INC.				Secret	ary of State
Principal Place 2410 AVENU FORT PIERCE	E D	Address 2410 AVENUE D FORT PIERCE, FL 34950				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04302004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
BAKER-DIXON, GERTRUDE K 2410 AVENUE D. FORT PIERCE, FL 34950			DO NOT WRITE 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 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 9. Election Campaign Financi Trust Fund Contribution.				.00 May Be led to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PVST BAKER-DIXON, GERTRUDE K 10930 PINECREEK LANE PORT ST. LUCIE, FL 34986	ECTORS		–	U00000153 :05/04/04-801	3922 144-014 158.75
NAME STREET ADDRESS CXTY-SY-ZXP		<u></u>				
title Name Street address City-St-Zip				DO I	NOT WRI	ΓE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>₹</u>		IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s	·			
TITLE HAME STREET ADDRESS CITY-ST-ZIP		<u>,</u>		<u> </u>		<u> </u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.						