


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000036369
 1. Entity Name
OAKFIELD GROCERY N. P., INC.



Principal Place of Business
**6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503**

Mailing Address
**6680 NORTH PALAFOX ST.
 PENSACOLA, FL 32503**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3181497

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**PHAM, TRUONG
 6680 NORTH PALAFOX ST
 PENSACOLA, FL 32503**

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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 re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PHAM, TRUONG 2905 LOGAN DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, THOA 2905 LOGAN DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, QUANG 238 CREEK VIEW DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHAM, TOAN 238 CREEK VIEW DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000498032
 04/22/06-80080-002 150.00

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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: Thoa Thi Nguyen **April 4, 2006** 850 478-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #