


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 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

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PHAM, TRUONG  
 6680 NORTH PALAFOX ST  
 PENSACOLA, FL 32503

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000584541  
 01/12/07-80040-023 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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: Quang Nguyen (Quang Nguyen) 01-10-07 850-478-9586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #