

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036369

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: OAKFIELD GROCERY N. P., INC.

**Current Principal Place of Business:**

6680 NORTH PALAFOX ST.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

6680 NORTH PALAFOX ST.  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 59-3181497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PHAM, TRUONG  
Address: 2905 LOGAN DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: NGUYEN, THOA  
Address: 2905 LOGAN DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: NGUYEN, QUANG  
Address: 238 CREEK VIEW DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: D      ( ) Delete  
Name: PHAM, TOAN  
Address: 238 CREEK VIEW DR.  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROUNG PHAM

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date