


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000072388


1. Entity Name
SMITH'S GROCERY & DELI, INC.



Principal Place of Business 829 S R 17 & KOKOMO ROAD LAKE HAMILTON, FL 33851 US	Mailing Address P.O. BOX 777 LAKE HAMILTON, FL 33851 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.

City & State	City & State
Zip	Country



09012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**JADALLAH, ATALLAH
 829 S R 17 & KOKOMO ROAD
 LAKE HAMILTON, FL 33851**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature: typed or printed name of registered agent and title if applicable DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JADALLAH, ATALLAH 829 STATE ROAD 17 & KOKOMO ROAD LAKE HAMILTON, FL 33851	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JWAYYED, ABOBAKR 829 STATE ROAD 17 & KOKOMO ROAD LAKE HAMILTON, FL 33851	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JWAYYED, ABOBAKR 829 SR 17 KOKOMO RD LAKE HAMILTON, FL 33851	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *A. J. Adallah* **9.6.05 863 439-1677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Display Phone #