


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003346	
1. Entity Name SHOW-ME DELI, INC.	

Principal Place of Business 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803	Mailing Address 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803
--	--

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2707099	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWISSHELM, BRUCE D 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRADDY, RITA 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRADDY, KENNETH W 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWISSHELM, MARGARET L 2130 NORTH GLENSTONE SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000563346
05/20/06-80007-007 150.00

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: 	Date: 5-1-2006	Daytime Phone #: 417-846-4605
--	-----------------------	--------------------------------------