


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F72876	
1. Entity Name THE DELI MASTERS SOUTHWEST, INC.	

Principal Place of Business 309 ALTAMONTE COMMERCE BLVD #1522 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 309 ALTAMONTE COMMERCE BLVD #1522 ALTAMONTE SPRINGS, FL 32714 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2178184	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
WALGUARNERY, DONALD 309 ALTAMONTE COMMERCE BLVD #1522 ALTAMONTE SPRINGS, FL 32714

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SMITH, GERALD 1903 BLUFF OAK ST APOKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALGUARNERY, DONALD 385 HAMPTON HILLS CT. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80059-024 190.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **2-14-05** ³²¹ ₂₄₆₋₈₂₇₉
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #