

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # J49447

1. Entity Name
J & J PRODUCE & DELI, INC.



Principal Place of Business
5435 U.S. 19
NEW PORT RICHEY, FL 34652

Mailing Address
5435 U.S. 19
NEW PORT RICHEY, FL 34652



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2764618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PULLICINO, MARY
10540 MARYSVILLE STREET
SPRING HILL, FL 34608

**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

Signature, typed or printed name of registered agent and title if applicable.

(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
P
PULLICINO, MARY
10540 MARYSVILLE ST
SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PULLICINO, LINDA
18200 DELO BLOOM DRIVE
HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ARBUCCI, CONCETTA
9731 SAN LORENZO WAY
PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000001187921
01/24/05-80036-006 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA PULLICINO Linda Pullicino SIT 1-18-05 727 849 5572