


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90040 040 ***150.00

DOCUMENT # J58608 1. Entity Name MOUSE TRAP DELI INC.			
Principal Place of Business 7205 ESTERO BLVD 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US		Mailing Address 7205 ESTERO BLVD 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US	
2. Principal Place of Business - No P.O. Box # 7205-705 ESTERO BLVD Suite, Apt. #, etc.		3. Mailing Address 7205-705 ESTERO BLVD Suite, Apt. #, etc.	
City & State FT. MYERS BEACH, FL Zip 33931 Country US		City & State FT. MYERS BEACH, FL Zip 33931 Country US	
4. FEI Number 59-2769280		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 RAZZANO, FRANK 7205 ESTERO BLVD FT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name RAZZANO FRANK Street Address (P.O. Box Number is Not Acceptable) 7205-705 ESTERO BLVD City FT. MYERS BEACH FL Zip Code 33931	
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 <u><i>Frank W Razzano</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST RAZZARO, FRANK 7205 ESTERO BLVD FT. MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST RAZZANO FRANK 7205-705 ESTERO BLVD FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDANIEL, CAROLE G 1145 WESTERN AVE BEAVER, PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: <u><i>Frank W Razzano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>02-28-07</u> Daytime Phone # <u>239-463-5634</u>	