


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90024 014 \*\*\*550.00

|   |   |
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| <b>DOCUMENT # L28162</b><br>1. Entity Name<br><b>TIDEWATER DELI RESTAURANTS, INC.</b> |  |
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| Principal Place of Business<br><b>620 W BEACH DR<br/>PANAMA CITY FL 32401<br/>US</b> | Mailing Address<br><b>620 W BEACH DR<br/>PANAMA CITY FL 32401<br/>US</b> |
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| 2. Principal Place of Business - No P.O. Box #<br><b>811 GARDEN CLUB DR</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>811 GARDEN CLUB DR</b><br>Suite, Apt. #, etc. |
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2nd MOORE CR2E034 (4/07)

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>PANAMA CITY FL</b> | City & State<br><b>PANAMA CITY FL</b> |
| Zip<br><b>32401</b>                   | Zip<br><b>32401</b>                   |
| Country                               | Country                               |

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|------------------------------------|--|
| 4. FEI Number<br><b>59-2995516</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><b>SMITH, GARY A.<br/>620 W BEACH DR<br/>PANAMA CITY FL 32401</b> | 7. Name and Address of New Registered Agent<br>Name <b>GARY A. SMITH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>811 GARDEN CLUB DR</b><br>City <b>PANAMA CITY FL</b> Zip Code <b>32401</b> |
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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 \_\_\_\_\_

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|---|---|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 5, 2007<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SMITH, GARY A.<br/>620 W BEACH DR<br/>PANAMA CITY FL 32401</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SMITH, GARY A.<br/>811 GARDEN CLUB DR<br/>PANAMA CITY FL 32401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: GARY A. SMITH GARY A. SMITH AUG 26/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mn/Phone #