

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L55220</b>	
1. Entity Name <b>THE BROOKLYN DELI, INC.</b>	



Principal Place of Business <b>3360 E. GULF TO LAKE HWY. UNIT 7 INVERNESS FL 34450 US</b>	Mailing Address <b>3360 E. GULF TO LAKE HWY. UNIT 7 INVERNESS FL 34450 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number <b>59-2995897</b>	Applied For <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		7. Name and Address of New Registered Agent	
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BRETT, H. JAMES 8810 SW STATE RD 200 UNIT 8 OCALA FL 32676		Name	
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Street Address (P.O. Box Number is Not Acceptable)		City	
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FL		Zip Code	
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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.			
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SIGNATURE		DATE	
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Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing	
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After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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Make Check Payable to Florida Department of State			
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	HANLON, LARRY W.	<input type="checkbox"/> Delete	NAME	
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STREET ADDRESS	3815 S. SUSAN PT.	<input type="checkbox"/> Delete	STREET ADDRESS	
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CITY - ST - ZIP	INVERNESS FL	<input type="checkbox"/> Delete	CITY - ST - ZIP	
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TITLE	D	<input type="checkbox"/> Delete	TITLE	
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NAME	HANLON, WENDY M.	<input type="checkbox"/> Delete	NAME	
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STREET ADDRESS	3815 S. SUSAN PT.	<input type="checkbox"/> Delete	STREET ADDRESS	
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CITY - ST - ZIP	INVERNESS FL	<input type="checkbox"/> Delete	CITY - ST - ZIP	
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CITY - ST - ZIP		<input type="checkbox"/> Delete	CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
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SIGNATURE: <u>Wendy M. Hanlon, Wendy M Hanlon</u> 2-7-04 / (352) 726-4884			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
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Date			
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