


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 009 ***150.00

DOCUMENT # L55220 1. Entity Name THE BROOKLYN DELI, INC.			
Principal Place of Business 3360 E. GULF TO LAKE HWY. UNIT 7 INVERNESS FL 34450 US		Mailing Address 3360 E. GULF TO LAKE HWY. UNIT 7 INVERNESS FL 34450 US	
2. Principal Place of Business 300 NW U.S. HWY 19 Suite, Apt. #, etc.		3. Mailing Address 300 NW U.S. HWY 19 Suite, Apt. #, etc.	
City & State CRYSTAL RIVER, FL Zip 34429		City & State CRYSTAL RIVER, FL Zip 34429	
Country US		Country US	
4. FEI Number 59-2995897		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 BRETT, H. JAMES 8810 SW STATE RD 200 UNIT 8 OCALA FL 32676		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D HANLON, LARRY W. 3815 S. SUSAN PT. INVERNESS FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLON, LARRY W. 5466 E. CHERRY CORDIAL LANE INVERNESS, FL 34452	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLON, WENDY M. 3815 S. SUSAN PT. INVERNESS FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Wendy M. Hanlon</u> <u>WENDY M. HANLON</u> <u>2-1-06</u> <u>(352) 726-4884</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			