2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Sec	retary of Stat	م
	MENT # L60723			SCC.	iciary of State		
1. Entity Name PRUDENTE'S ITALIAN DELICATESSAN, INC.							
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
	'A BEACH RD. INGS, FL 34134	4295 BONITA BEACH RD. Bonita Springs, Fl. 34134					
201111110111							
			01162004	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			CE			Applied For	_
, Face				4. FEI Number 65-0113		Not Applicat	_
				5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of C	Current Registered Agent		L		,	_
PRUDENT	TE, GREGORY			DO I	NOT W	DITC	
4295 BONITA BEACH RD BONITA SPRINGS, FL 34134							
BOWING	1111100,12 04104			IN T	HIS SP	ACE	
_			<u> </u>				
	named entity submits this state tions of registered agent.	ment for the purpose of changing its register	red office or registe	red agent, or both	, in the State of Flor	rida. I am familiar with, and acce	ρt
SIGNATURE.							
GIGINATOTILL	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE, Register	ed Agent signature requires	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10.		RS AND DIRECTORS	T				_
TITLE NAME	PRUDENTE, GREGORY						
STREET ADDRESS	4295 BONITA BEACH RD						
CITY-ST-ZIP	BONITA SPRINGS, FL 34	1134 <u> </u>	4		U00000	098293	
TITLE NAME					03/29/04-	1038293 80035-001 150.00	
STREET ADDRESS CITY-ST-ZIP							_
TITLE	<u> </u>		1				
KAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE	-		1	IN T	HIS SP	ACE	
NAME STREET ADDRESS				*** *		,	
C17Y-ST-ZIP		40-00-04 #:	_		-		
TITLE							
NAME STREET ADDRESS							
CITY SY-ZIP		W. A.	_				
TITLE	***		1				

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 without all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 992-9477