

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95451

FILED
Apr 24, 2009
Secretary of State

Entity Name: DELI KING/LARRY'S DELI, INC.

Current Principal Place of Business:

4520 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

4520 LAND O'LAKES BLVD
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3029857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ALBERT C. JR. ESQ
819 JACARANDA
LARGO, FL 33730 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRO, LAWRENCE R
Address: 14704 LAKE MAGDELENE CIR
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: CASTRO, CHRISTOPHER R
Address: 4407 ALLEN RD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: V () Delete
Name: ADKINS, MICHELLE M
Address: 2550 LAKE ELLEN CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: ADKINS, THOMAS P
Address: 2550 LAKE ELLEN CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ADKINS

V

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date