

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001532

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: MOS' GOURMET BAKERY & DELICATESAN, INC.

## Current Principal Place of Business:

2705 MARTIN LUTHER KING BLVD  
SUITE F  
TAMPA, FL 33610

## New Principal Place of Business:

17004 PALM POINTE DR.  
TAMPA, FL 33649

## Current Mailing Address:

13808 CANDIDATE PLACE  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 59-3604854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, OLIVER  
13808 CANDIDATE PLACE  
TAMPA, FL 33613      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: PD ( ) Delete  
Name: LEWIS, OLIVER  
Address: 13808 CANDIDATE PLACE  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: LEWIS, SHARON L  
Address: 13808 CANDIDATE PLACE  
City-St-Zip: TAMPA, FL 33613

Title: TD ( ) Delete  
Name: LEWIS, OLIVER JR  
Address: 13808 CANDIDATE PLACE  
City-St-Zip: TAMPA, FL 33613

Title: SEC ( ) Delete  
Name: LEWIS, MI CHELE E  
Address: 13808 CANDIDATE PLACE  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: LEWIS, LEROY  
Address: 17309 LYNNETTE DR  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: PATTON, MARY  
Address: 8607 ORANGEVIEW  
City-St-Zip: TAMPA, FL 33612

## 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:

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 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: OLIVER LEWIS

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date