


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000030835**

1. Entity Name  
**BAMZ DELI, INC.**



Principal Place of Business      Mailing Address  
**2464 TAMIAMI TRAIL EAST**      **2464 TAMIAMI TRAIL EAST**  
**NAPLES FL 34112**                      **NAPLES FL 34112**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State                                      City & State

4. FEI Number      **65-0985437**      Applied For  
 Not Applicable

Zip      Country                                      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ST ONGE, MICHAEL L**  
**2464 TAMIAMI TRAIL EAST**  
**NAPLES FL 34112**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City                                      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ST ONGE, MICHAEL L</b>
STREET ADDRESS	<b>5301 CONFEDERATE AVE</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ST ONGE, JANET A</b>
STREET ADDRESS	<b>5301 CONFEDERATE AVE</b>
CITY-ST-ZIP	<b>NAPLES FL 34113</b>
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**000000644664**  
**03/02/07-80052-022 150.00**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #