2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000111845

1. Entity Name

ROD'S SEAFOOD & DELI, INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5523 CLEVELAND RD.

5523 CLEVELAND RD.

#2

JACKSONVILLE, FL 32209

JACKSONVILLE, FL 32209



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RODNEY L 5523 CLEVELAND RD. JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the priors of registered agent. | urpose of changing its registered | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|---|-----------------------------------|-------------------------------|--------------------------------|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | ing 🔲 | \$5.00 May Be Added to Fees | |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIRECT P JOHNSON, RODNEY L 5523 CLEVELAND RD #2 | TORS | | | |
| CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE, FL 32209 | | | | U00000685857 .04/09/07-80022-915 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | • |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 20

ZUY) 514-9628