


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000001006	
1. Entity Name MELISSA'S CAFE-DELI, INC.	

Principal Place of Business 6550 CAROLINE ST MILTON, FL 32583	Mailing Address 6550 CAROLINE ST MILTON, FL 32583
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DO NOT WRITE IN THIS SPACE





04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3689891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAUT, SYBIL L 6380 BUTTERNUT DRIVE MILTON, FL 32583
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**DO NOT WRITE
IN THIS SPACE**

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 	DATE 
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

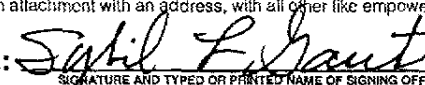
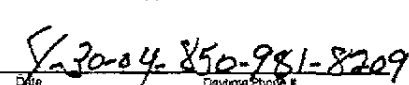
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1000000151348
05/04/04-80044-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BALDERSTON, BARBARA A 6201 FOX RUN ST. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GAUT, SYBIL L 6380 BUTTERNUT DR. MILTON, FL 32583
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IN THIS SPACE**

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 with an address, with all other like empowered.	
SIGNATURE: 	DATE  DAYTIME PHONE # 850-981-8209
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	