


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027534 1. Entity Name FLORIDA'S FINEST DELI DISTRIBUTORS INC.	
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Principal Place of Business 3220 SE 18 CT OCALA, FL 34471	Mailing Address 3220 SE 18 CT OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0596888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEMERSON, ALBERT J JR 3220 SE 18 CT OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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/instating) DATE _____

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	U00000089880 03/16/04-80006-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KEMERSON, ALBERT J 3220 SE 18 CT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEMERSON, ALBERT J 250 NE 61 ST TERR. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMERSON, MARY 250 NE 61ST TER. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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: Albert J. Kemerson Jr. **Albert J. Kemerson Jr.** 3/17/04 352-216-8294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #