

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000033015
1. Entity Name
SAN MARCO DELI, INC.



Principal Place of Business
1965 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

Mailing Address
1965 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4492296

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WINN, ERNIE
1965 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

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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 Karen D Winn KAREN D WINN DATE 1-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

1100000051742
02/15/04-80063-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINN, ERNIE
STREET ADDRESS	3968 GRAYHAWK LOOP
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	WINN, KAREN D
STREET ADDRESS	3968 GRAYHAWK LOOP
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Karen Winn Karen Winn DATE 1-30-04 904-399-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #