

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049110

FILED
Apr 25, 2006
Secretary of State

Entity Name: BROOKELL'S DELI & RESTAURANT, INC.

Current Principal Place of Business:

22097 US HWY 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22097 US HWY 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

2460 BEACON GROVES BLVD
PALM HARBOR, FL 34683

FEI Number: 45-0509220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKER, GEORGIA
2460 BEACON GROVES BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROOKER, GEORGIA
Address: 2460 BEACON GROVES BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KELLNER, MARIA
Address: 2460 BEACON GROVES BLVD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA BROOKER

D

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date