

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-25-2004 90063 048 ***150.00

DOCUMENT # P03000058830 1. Entity Name LAKE CITY DELI & CATERING, INC.					
Principal Place of Business 1115 U.S. 90 WEST LAKE CITY FL 32055				Mailing Address 1115 U.S. 90 WEST LAKE CITY FL 32055	
2. Principal Place of Business 1115 US 90 W LAKE CITY		3. Mailing Address 1115 US 90 W			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 43-2019099	
Zip 32055		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, GARNER T 427 LAKEVIEW DR. #202 WESTON FL 33026		7. Name and Address of New Registered Agent Name HARRIS GARNER T Street Address (P.O. Box Number is Not Acceptable) 728 Huntsville Church DR City LAKE CITY State FL Zip Code 32055			
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 <u><i>Garner T Harris</i></u> GARNER T HARRIS DATE <u><i>2/19/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HARRIS, JOYCELYNN 1115 U.S. 90 WEST LAKE CITY FL 32055 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Joyce Lynn Harris</i></u> JOYCELYN HARRIS <u><i>2/20/04</i></u> <u><i>386-755-9393</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Daytime Phone #</small>					