

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108842

1. Entity Name
GATLIN DELI ENTERPRISES, INC.



Principal Place of Business
1297 GATLIN BLVD.
PORT ST. LUCIE, FL 34953 US

Mailing Address
386 S.W. COVINGTON ROAD
PORT ST. LUCIE, FL 34953 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3105912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE B. HOUGH, JR., P.A.
729 S. FEDERAL HIGHWAY
SUITE 222
STUART, FL 34994

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WATSON, RENEE M
STREET ADDRESS 386 S.W. COVINGTON ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE VP
NAME WATSON, RENEE M
STREET ADDRESS 386 S.W. COVINGTON ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE SEC
NAME WATSON, RENEE M
STREET ADDRESS 386 S.W. COVINGTON ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE TREA
NAME WATSON, RENEE M
STREET ADDRESS 386 S.W. COVINGTON ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000264807
03/16/05-80030-009 150.00

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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:

Renee Watson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05

Date

(772)336-1232

Daytime Phone #