



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90024 026 \*\*\*150.00

<b>DOCUMENT # P04000012912</b> 1. Entity Name <b>SANTA BARBARA DELI, CORP.</b>																	
Principal Place of Business <b>7795 DAVIS BLVD, UNIT 202 NAPLES, FL 34104</b>			Mailing Address <b>3945 RECREATION LN NAPLES, FL 34116</b>														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04052008    Chg-P    CR2E034 (12/06)													
City & State  Zip                      Country		City & State  Zip                      Country															
4. FEI Number <b>20-0697559</b>		Applied For Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>CALVI, ONEIDA 1420 WILDWOOD LAKES BLVD UNIT #8 NAPLES, FL 34104</b>													
7. Name and Address of New Registered Agent Name <u>Calvi, Oneida</u> Street Address (P.O. Box Number is Not Acceptable) <u>3945 Recreation Ln.</u> City <u>Naples FL</u> Zip Code <u>34116</u>				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>Oneida Calvi</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CALVI, ONEIDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1420 WILDWOOD LAKES BLVD UNIT #8</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34104</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	CALVI, ONEIDA		STREET ADDRESS	1420 WILDWOOD LAKES BLVD UNIT #8		CITY-ST-ZIP	NAPLES, FL 34104	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">President</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Calvi, Oneida</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3945 Recreation Ln.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Naples, FL 34116</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Calvi, Oneida		STREET ADDRESS	3945 Recreation Ln.		CITY-ST-ZIP	Naples, FL 34116		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
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<b>SIGNATURE:</b> <u>Oneida Calvi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date    Daytime Phone #																	