

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000016272

1. Entity Name  
NELLIE'S DELI, INC.



Principal Place of Business  
3475 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

Mailing Address  
3475 GULF BREEZE PKWY  
GULF BREEZE, FL 32563



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0684775

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, RICHARD  
2985 DUKE DRIVE  
GULF BREEZE, FL 32561

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CAMPBELL, ROBERT  
STREET ADDRESS 105 FLORIDA AVENUE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE D  
NAME CAMPBELL, WILLIAM  
STREET ADDRESS 105 FLORIDA AVENUE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE D  
NAME CAMPBELL, JOHN  
STREET ADDRESS 105 FLORIDA AVENUE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE D  
NAME CAMPBELL, RICHARD  
STREET ADDRESS 105 FLORIDA AVENUE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000486925  
04/13/06-80057-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #