


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 047 \*\*\*150.00

<b>DOCUMENT # P04000016272</b>			
1. Entity Name <b>NELLIE'S DELI, INC.</b>			
Principal Place of Business <b>3475 GULF BREEZE PKWY GULF BREEZE FL 32563</b>		Mailing Address <b>3475 GULF BREEZE PKWY GULF BREEZE FL 32563</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>105 Florida Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Gulf Breeze, FL.</i>	
Zip	Country	Zip <i>32561</i>	Country



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>CAMPBELL, RICHARD 2965 DUKE DRIVE GULF BREEZE FL 32561</b>		7. Name and Address of New Registered Agent Name <i>William Campbell</i> Street Address (P.O. Box Number is Not Acceptable) <i>105 Florida Ave</i> City <i>Gulf Breeze</i> <b>FL</b> Zip Code <i>32561</i>	
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 <i>Richard Campbell</i> DATE <i>03-17, 2008</i> <small>Signature, typed or printed name of registered agent and the filer (applies). (NOTE: Registered Agent signature required when reappointing)</small>			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, ROBERT</b> <b>105 FLORIDA AVENUE</b> <b>GULF BREEZE FL 32561</b> <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	<b>D</b> <b>CAMPBELL, WILLIAM</b> <b>105 FLORIDA AVENUE</b> <b>GULF BREEZE FL 32561</b> <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	<b>D</b> <b>CAMPBELL, JOHN</b> <b>105 FLORIDA AVENUE</b> <b>GULF BREEZE FL 32561</b> <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	<b>D</b> <b>CAMPBELL, RICHARD</b> <b>105 FLORIDA AVENUE</b> <b>GULF BREEZE FL 32561</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice president</i> <i>Campbell, Richard</i> <i>2965 Duke Dr.</i> <i>Gulf Breeze, FL 32563</i> <input checked="" type="checkbox"/> Change <input checked="" 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Campbell* *3-18-08* 850-934-7743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: No Phone #