2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000058908** 04-18-2005 90578 005 ***150.00 METRO DELI, INCORPORATED Principal Place of Business Mailing Address 2409 CADNEY COURT 2409 CADNEY COURT 20036996 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04102005 CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For 20-1010 Not Applicable Ζiρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAZEMORE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 2409 CADNEY COURT TALLAHASSEE, FL 32309 City Zip Code 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, 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 \$5.00 May Be Trust Fund Contribution.-/ Added to Fees X. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: ☐ Delete TITLE ☐ Change Addition WHITE, KI-YAUN A NAME NAME STREET ADDRESS 463 E VAN BUREN STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE Delete ☐ Change Addition BAZEMORE, ROBERT L NAME MAME STREET ADDRESS 2409 CADNEY COURT STREET ADDRESS TALLAHASSEE, FL 32309 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SNEAD, JOSHUA W STREET ADDRESS 6708 HILL GAIL TRAIL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7IP CITY-ST-78P TITLE ☐ Delete TRLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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GOOD TIMES DELI AND GRILL

2409 CADNEY COURT TALLAHASSEE, FL 32309

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