## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000059499

7607 ABONADO RD.

TAMPA, FL 33615

Address:

City-St-Zip:

Entity Name: PATTIES N' TINGS GROCERY AND DELI, INC.

FILED Apr 18, 2005 Secretary of State

•			,			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1926 OAK GROVE BOULEVARD LUTZ, FL 33559				1900 OAK GROVE BOULEVARD LUTZ, FL 33559		
Current Mailing Address:			New Maili	New Mailing Address:		
1926 OAK LUTZ, FL	GROVE BOUL 33559	EVARD				
FEI Number	: 33-1088967	FEI Number Applied For ( )	FEI Number Not Appl	Dlicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
MUIR, CRAIG A 1924 OAK GROVE BOULEVARD LUTZ, FL 33559 US			1900OAK (	THOMAS, ELAINE P 1900OAK GROVE BOULEVARD LUTZ, FL 33559 US		
	named entity see of Florida.	ubmits this statement for the pu	urpose of changing i	its registered office or registered agent, or both		
SIGNATURE: ELAINE P THOMAS				04/18/2005		
	Electron	c Signature of Registered Ager	nt	Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () THOMAS, ELAIN 22747 RODERIG LAND O' LAKES	CK DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V () MUIR, CRAIG A 22747 RODERIG LAND O' LAKES		Title: Name: Address: City-St-Zip:	V (X) Change () Addition THOMAS, ELAINE P 22747 RODERICK DR. LAND O' LAKES, FL 34639		
Title: Name: Address: City-St-Zip:	MURRAY, SHEF	Y BAY DR., APT. 302	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HEWITT-JEFFREY, XIOMARA 24603 SIENA DRIVE LUTZ, FL 33559		
Title:	T ()	Delete FY XIOMARA	Title:	T (X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

24603 SIENA DRIVE

LUTZ, FL 33559

SIGNATURE: ELAINE P THOMAS P 04/18/2005