


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 013 ***150.00

DOCUMENT # P04000081237 1. Entity Name LUCKY DILL DELI ST. PETE, INC.																																																																																																														
Principal Place of Business 3674 AMELIA WAY PALM HARBOR FL 34684		Mailing Address 3674 AMELIA WAY PALM HARBOR FL 34684																																																																																																												
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ZIP 34684	ZIP 34684																																																																																																													
6. Name and Address of Current Registered Agent BUDZINSKI, RICHARD 3674 AMELIA WAY PALM HARBOR FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																												
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																														
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																																																																																																												
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																														
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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																																																																																																														



2nd MOORE CR2E034 (5/05)

4. FEI Number **20-1143509** Applied For ☐ Not Applicable ☐

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

9/7/05 (727) 771-9620
Date Daytime Phone #