

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 007 ***150.00

DOCUMENT # P04000114071

1. Entity Name

A TO Z EUROPEAN DELICATESSEN, INC.



Principal Place of Business

21301 BACK BEACH ROAD
#B
PANAMA CITY BEACH FL 32413
US

Mailing Address

21301 BACK BEACH ROAD
#B
PANAMA CITY BEACH FL 32413
US

2. Principal Place of Business

A to Z Euro Deli
Suite, Apt. #, etc.

3. Mailing Address

21301 Back Beach Rd.
Suite, Apt. #, etc.

City & State

Panama

City & State

FL

4. FEI Number

20-1454128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32413

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZLOTEA, CONSTANTIN
615 A 14TH STREET
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name

Constantin Zlotea
Street Address (P.O. Box Number is Not Acceptable)
615 A 14th Street

City

Panama City Beach FL

FL

Zip Code

32413

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

Jan 19-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ZLOTEA, CONSTANTIN
STREET ADDRESS 615 A 14TH STREET
CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

Jan 19-05 (850) 249-9698