

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000143566 1. Entity Name UNCLE G'S DELI INC.	
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FILED
07 MAY -9 PM 4:31

TALLAHASSEE, FLORIDA

Principal Place of Business CONSTITUTION CENTER 28480 OLD US 41 - BLDG 100 UNIT 4 BONITA SPRINGS, FL 34135	Mailing Address CONSTITUTION CENTER 28480 OLD US 41 -BLDG 100 UNIT 4 BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box # 545 CYPRESS WAY E Suite, Apt. #, etc.	3. Mailing Address 545 CYPRESS WAY E. Suite, Apt. #, etc.
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04252007 Chg-P CR2E034 (12/06)

City & State NAPLES FL	City & State NAPLES FL	Zip 34110	Country USA
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4. FEI Number 11-3731397	Applied For <input type="checkbox"/> Not Applicable
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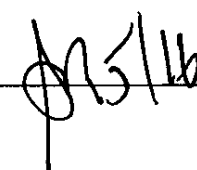
6. Name and Address of Current Registered Agent CRIMMINS, GERARD F 545 CYPRESS WAY EAST NAPLES, FL 34110	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; float: right;"> FL Zip Code </div>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	P/T CRIMMINS, GERARD F 545 CYPRESS WAY EAST NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
		500103094465 05/23/07--01011--008 **150.00	
	VP/S CRIMMINS, GERARD F 545 CYPRESS WY EAST NAPLES, FL 34110		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
			
			<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
			<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
			<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gerard F. Crimmins Date: 4/26/07 Daytime Phone #: 239-216-1533