

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90113 023 ***150.00

DOCUMENT # P04000150678 1. Entity Name ANTONIO'S DELICATESSEN, INC.					
Principal Place of Business 11770-A METRO PARKWAY FORT MYERS, FL 33912			Mailing Address % ROBERT D. ROYSTON, JR. ESQ. P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-3173176			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D ESQ. COSTELLO & ROYSTON 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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:				FL Zip Code	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete SANTAMARIA, ANTONIO 1715 S.W. 47TH TERRACE CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete SANTAMARIA, MARIA T 1715 S.W. 47TH TERRACE CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T ☐ Change ☒ Addition	
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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: <i>Antonio Santamaria</i>			4/29/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					