- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 08:00 AM **DOCUMENT # P05000117673 Secretary of State** LUCKY DILL DELI CENTRAL, INC. Principal Place of Business Mailing Address 227 CENTRAL AVE. 21 SEEDLING DR. ST. PETERSBURG, FL 33701 US SAFETY HARBOR, FL 34695 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3359253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BERG, PAUL E DO NOT WRITE 21 SEEDLING DR. SAFETY HARBOR, FL 34695 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000591331 01/19/07-80018-021 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAME BERG, PAUL E STREET ADDRESS 21 SEEDLING DR. CITY-ST-ZIP SAFETY HARBOR, FL 34695 **VPSD** TITLE BERG, RENEE M NAME STREET ADDRESS 21 SEEDLING DR. SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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 in changed, or on an attachment with an address, with purple in the proposed of the corporation of the receiver of trustee empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Rence Berg

1-13-07

799-1274

Daytime Phone #

FILED