

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000129772

1. Entity Name

T & C MART & DELI, INC.



Principal Place of Business

6315 JOHN'S RD
TAMPA FL 33634
US

Mailing Address

6315 JOHN'S RD
TAMPA FL 33634
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-3499518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEHADEH, SALEH
6315 JOHN'S RD
TAMPA FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer, if applicable.

(NOTE: Registered Agent's signature required when removing agent.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEHADEH, SALEH	
STREET ADDRESS	6315 JOHN'S RD	
CITY- ST- ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEHADEH, BRENDA	
STREET ADDRESS	6315 JOHN'S RD	
CITY- ST- ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY- ST- ZIP		

U00000922375
05/15/08-80044-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Saleh Shehadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

(813)239-7054

Date

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