


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000120766</b> 1. Entity Name KEEGAN'S DELI, INC.	
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Principal Place of Business 10324 CLAYMORE STREET SPRING HILL, FL 34608	Mailing Address 10324 CLAYMORE STREET SPRING HILL, FL 34608
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05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5609086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RUSSELL, THERESA 10324 CLAYMORE STREET SPRING HILL, FL 34608
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, ROBERT W 10324 CLAYMORE STREET SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, THERESA 10324 CLAYMORE STREET SPRING HILL, FL 34608
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06/04/08-80028-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #