2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 12, 2007 8:00 am
Secretary of State

04-30-2007 90385 031 ***150.00

DOCUMENT # P06000124352

1. Entity Name

MICHAELS CATERING & DELI INC

00U10004

Principal Place of Business	Mailing Address
~~3524 RICHWOOD LINK~~ ~~SARASOTA FL 34235~~ US	PO BOX 62083 FT MYERS FL 33906-2083 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 2155 ANDREA LANE
   Suite, Apt. #, etc.: Unit C-8
   City & State: Ft. Myers FL.
   Zip: 33912 Country:

3. Mailing Address:
   Suite, Apt. #, etc.:
   City & State:
   Zip: Country:

4. FEI Number: 20 5620793 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUTCHFIELD, MICHAEL
~~3791 WINKLER AVE EXT~~
~~#224~~
~~FT MYERS FL 33916~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8836 Geneva St.
City: Ft. Myers FL Zip Code: 33907

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: Faye O. Crutchfield N/A — 4/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRUTCHFIELD, FAYE O 3524 RICHWOOD LINK SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Faye O. Crutchfield / FAYE O. CRUTCHFIELD — 4/19/07 — 941-504-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #