2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2008
Secretary of State

DOCUMENT# P07000050470

Entity Name: CTW DELI PROVISIONS, INC.

Current Principal Place of Business:

1390 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1910 STATE ROAD 60 W
BARTOW, FL 33830 US

Current Mailing Address:

1390 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

New Mailing Address:

1910 STATE ROAD 60 W
BARTOW, FL 33830 US

FEI Number: 20-8922351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REAVES, SUSAN
1390 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WYNN, BRANDON M
Address: 1390 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TRES ( ) Delete
Name: REAVES, SUSAN
Address: 1390 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SECT ( ) Delete
Name: WYNN, MIKE
Address: 1390 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DIR ( ) Delete
Name: WYNN, BRANDON
Address: 1390 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WYNN, BRANDON M
Address: 1910 STATE ROAD 60 W
City-St-Zip: BARTOW, FL 33830 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANDON M. WYNN PRES 07/04/2008

Electronic Signature of Signing Officer or Director Date