2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P07000059941

Entity Name: LEGENDS DELI, INC.

Current Principal Place of Business:

11220 NEW BERLIN ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

11230 NEW BERLIN ROAD
JACKSONVILLE, FL 32226

Current Mailing Address:

11230 NEW BERLIN RD.
JACKSONVILLE, FL 32226

New Mailing Address:

11220 NEW BERLIN RD.
JACKSONVILLE, FL 32226

FEI Number: 26-0205773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBBARD, KIM K
1106 PARK AVE.
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEASLEY, TIMOTHY C
Address: 96084 LANCEFORD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP ( ) Delete
Name: BEASLEY, GERALDINE A
Address: 96084 LANCEFORD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S ( ) Delete
Name: BEASLEY, GERALDINE A
Address: 96084 LANCEFORD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T ( ) Delete
Name: BEASLEY, GERALDINE A
Address: 96084 LANCEFORD LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TIMOTHY C BEASLEY P 04/24/2009
Electronic Signature of Signing Officer or Director — Date