2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-04-2005 90080 030 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P93000060582

1. Entity Name
BREAD & BUTTER DELI, INC.

Principal Place of Business	Mailing Address
1880 Alt 19S Tarpon Springs FL, US 34689	1880 ~~Alt 19 S~~ TARPON SPRINGS FL 34689

2. Principal Place of Business	3. Mailing Address
1880 Alt 19 S.	1880 Alt 19 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS FL	City & State: Tarpon Springs FL
Zip: 34689 Country: US	Zip: 34689 Country: US

4. FEI Number 59-3208202 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ZERVOS, ANGELA
415 SOUTH PINNELAS
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 ☐ Delete NAME: ABBAS, NELLIE STREET ADDRESS: 468 S FLORIDA AVE CITY-ST-ZIP: TARPON SPRINGS FL 34689	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VP ☐ Delete NAME: NELLIE ABBAS STREET ADDRESS: 468 S FLORIDA AVE CITY-ST-ZIP: TARPON SPRINGS FL 34689	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nellie Ab (Pres.) 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #