


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90048 028 \*\*\*150.00

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>DOCUMENT # P97000000899</b>  |   |   |  |                       |   |
| <b>1. Entity Name</b><br>C.A. ENGLUND'S DELI, INC.  |   |   |  |  |   |
| <b>Principal Place of Business</b><br>50 PINE ISLAND ROAD<br>SUITE 8<br>N FT MYERS, FL 33903  |   |   | <b>Mailing Address</b><br>50 PINE ISLAND ROAD<br>SUITE 8<br>N FT MYERS, FL 33903 |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1886 N. TAMiami TRAIL  |   | <b>3. Mailing Address</b><br>1886 NORTH TAMiami TR  |  |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |   |
| <b>City &amp; State</b><br>NORTH FORT MYERS FL  |   | <b>City &amp; State</b><br>N. FORT MYERS FL   |  | <b>4. FEI Number</b><br>65-0728658   |   |
| <b>Zip</b><br>33917   |   | <b>Country</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br>ENGLUND, CAROL R<br>50 PINE ISLAND ROAD<br>SUITE 8<br>N FT MYERS, FL 33903  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: ENGLUND CAROL R<br>Street Address (P.O. Box Number is Not Acceptable): 1633 DANIELS DRIVE<br>NORTH FORT MYERS<br>City: FL Zip Code: 33917                         |  |  |   |
| <b>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.</b><br>SIGNATURE: <u>Carol R. Englund</u> CAROL R ENGLUND 8-09-07<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                     |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ENGLUND, CAROL R<br>1633 DANIELS DRIVE<br>N FT MYERS, FL 33917       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ENGLUND, CURT T<br>160 BROOKS DRIVE<br>NORTH FORT MYERS, FL 33917    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ENGLUND, CHARLES<br>1633 DANIELS DRIVE<br>NORTH FORT MYERS, FL 33917 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 am an attachment with an address, with all other like empowered.</b> |   |   |  |  |   |
| <b>SIGNATURE:</b> <u>Carol R. Englund</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |  |   |
| Date  |   |   |  | Daytime Phone #  |   |

60054573



07202007 Chg-P CR2E034 (12/06)

ATTACHMENT

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Aug 7th 2007  
1886 N. Tomiami Tr.  
North Ft. Myers Fl.

The business was shut down  
in the beginning of December  
last year.

We relocated at this  
address end of May this  
year and I did not  
receive all my mail.

We are trying to make this  
business work in these

poor economic times so I  
am hoping we don't get  
fined for not filing sooner

ATTACHMENT

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