

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 034 ***150.00

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1. Entity Name
GOURMET DELI, INC.



Principal Place of Business
**2961 W. BAY DR.
BELLEAIR BLUFFS, FL 33770**

Mailing Address
**2961 W. BAY DR.
BELLEAIR BLUFFS, FL 33770**

DO NOT WRITE IN THIS SPACE



07172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3449238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CIPOLLA, VINCENT F SR
~~1600 GULF BLVD~~ **480 Althea Road**
~~SUITE 800~~
CLEARWATER, FL 33767 33756

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CIPOLLA, VINCENT F SR
STREET ADDRESS ~~1600 GULF BLVD~~ **480 Althea Road**
CITY-ST-ZIP ~~XXXXX~~ **CLEARWATER, FL 33756**

TITLE STD
NAME CIPOLLA, RHONDA E
STREET ADDRESS ~~1600 GULF BLVD~~ **480 Althea Road**
CITY-ST-ZIP ~~XXXXX~~ **CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: **RHONDA E. CIPOLLA**

Date **9-8-04** Daytime Phone # **584 2076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR