


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000047397 \* \* \* \* \*

1. Entity Name  
GOURMET DELI, INC. ✓



Principal Place of Business      Mailing Address

2961 W. BAY DR. ✓      2961 W. BAY DR.  
BELLEAIR BLUFFS, FL 33770 ✓      BELLEAIR BLUFFS, FL 33770

**DO NOT WRITE IN THIS SPACE**



04112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3449238      Not Applicable

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

6. Name and Address of Current Registered Agent

CIPOLLA, VINCENT F SR  
480 ALTHEA ROAD  
CLEARWATER, FL 33756

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

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

U00000346192  
04/30/05 00000-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIPOLLA, VINCENT F SR 480 ALTHEA ROAD CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CIPOLLA, RHONDA E 480 ALTHEA ROAD CLEARWATER, FL 33756
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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:  RHONDA E. CIPOLLA      4-26-05      727-584-207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #