


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000047397**


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**



07212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3449238</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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 reissuing)

**FILE NOW!!! - FEE IS \$150.00 Due by September 6, 2006**

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 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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**DO NOT WRITE IN THIS SPACE**

U00000576504  
 09/08/06-80001-010 150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **RHONDA E. CIPOLLA** 8-28-06 584 2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #