2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 08:00 AM DOCUMENT # P98000001606 **Secretary of State** 1. Entity Name LARRY'S DELI, INC. Mailing Address Principal Place of Business 130-B MIRACLE STRIP PARKWAY 130-B MIRACLE STRIP PARKWAY MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3509556 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, LAWRENCE D 10 FOURTH STREET Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 City Zip Code FL 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) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TOTAL Change NAME KING, LAWRENCE D NAME 11000000240243 STREET ADDRESS 10 FOURTH ST. STREET ADDRESS n2/23/05-80023-011 150.00 CITY ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KING, CYNTHIA S NAME NAME STREET ADDRESS 10 FOURTH ST. STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY - ST - ZIP TITLE ☐ Delete TrT+F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TULLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-S1-ZIP HILL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

·FILED