


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000001606</b><br>1. Entity Name<br><b>LARRY'S DELI, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>130-B MIRACLE STRIP PARKWAY<br/>MARY ESTHER, FL 32569</b> | Mailing Address<br><b>130-B MIRACLE STRIP PARKWAY<br/>MARY ESTHER, FL 32569</b> |
|---|---|



01112008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3509556</b>  | Applied For<br><input type="checkbox"/> 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

**KING, LAWRENCE D  
10 FOURTH STREET  
SHALIMAR, FL 32579**

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**  
**After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                    |
|----------------------------|--------------------|
| TITLE:                     | D                  |
| NAME                       | KING, LAWRENCE D   |
| STREET ADDRESS             | 10 FOURTH ST.      |
| CITY-ST-ZIP                | SHALIMAR, FL 32579 |
| TITLE                      | D                  |
| NAME                       | KING, CYNTHIA S    |
| STREET ADDRESS             | 10 FOURTH ST.      |
| CITY-ST-ZIP                | SHALIMAR, FL 32579 |
| TITLE                      |                    |
| NAME                       |                    |
| STREET ADDRESS             |                    |
| CITY-ST-ZIP                |                    |
| TITLE                      |                    |
| NAME                       |                    |
| STREET ADDRESS             |                    |
| CITY-ST-ZIP                |                    |
| TITLE                      |                    |
| NAME                       |                    |
| STREET ADDRESS             |                    |
| CITY-ST-ZIP                |                    |

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04/28/08-80032-017 150.00

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 an other like empowered.

**SIGNATURE:** *Lawrence D. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-13-08** Daytime Phone #: **850-664-7269**