

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 30 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

DOCUMENT # P96000096635
 1. Entity Name
 BOSTON GOURMET COFFEEHOUSE, INC.



Principal Place of Business 109 EAST NEW YORK AVENUE DELAND, FL 32724	Mailing Address 109 EAST NEW YORK AVENUE DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3421072	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VALENTE, JOSEPH D
 109 EAST NEW YORK AVENUE
 DELAND, FL 32724

DO NOT WRITE 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
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VALENTE, JOSEPH D 109 EAST NEW YORK AVENUE DELAND, FL 32724
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 04/13/05--01004--011 **150.00

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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: *X [Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____