


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan-23, 2006 08:00 AM
Secretary of State

DOCUMENT # 558134 1. Entity Name NATIONWIDE GOURMETS, INC.	
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Principal Place of Business 11801 28TH ST. N. BLDG 6 ST. PETERSBURG, FL 33716	Mailing Address 11801 28TH ST. N. BLDG 6 ST. PETERSBURG, FL 33716
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1804544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAHAM, PETER D. 5200 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	CPD DAW, STUART 8977 ST ANDREWS DR SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASEY, BARBARA 11801-6 28TH ST. NORTH SAINT PETERSBURG, FL 33716
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNOFFICIAL
01/25/06-80042-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Casey Barbara Casey 1/19/06 727 5730101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #