

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L95668 1. Entity Name CULINARY SPECIALTIES, INC.	
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Principal Place of Business 4715 N HALE AVE TAMPA, FL 33614	Mailing Address 4715 N HALE AVE TAMPA, FL 33614
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07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0222530	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEGIACOMI, KARL 4715 N HALE AVE TAMPA, FL 33614
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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
Due by September 8, 2004**

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	PST SCHOEPF, WALTER 4715 N HALE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHOEPF, WALTER 4715 N HALE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEGIACOMI, KARL 4715 N HALE AVE TAMPA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000166369
07/15/04-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ **07-12-04** **(813) 876-8740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #