


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/28

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-28-2004 90024 015 ***550.00

DOCUMENT # P01000007756			
1. Entity Name CHARDONNAY'S MARKET AND BISTRO, INC.			
Principal Place of Business 4533 PGA BLVD. PALM BCH GARDENS FL 33418		Mailing Address 4533 PGA BLVD. PALM BCH GARDENS FL 33418	
2. Principal Place of Business 5530 PGA BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL		City & State	
Zip 33418	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WHITE, CHARLES R 725 N. A1A, SUITE E-102 JUPITER FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUCALITTO, FRANK C 5110 LAIRD LANE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5080 Woodland Lakes Dr Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUCALITTO, GRETCHEN M 5110 LAIRD LANE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5080 Woodland Lakes Dr Palm Beach Gardens FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Eucalitto		8/10/04 561-624-1384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66436100



MOORE CR2E034 (4/04)

Attachment 66432.159
Untitled #P0100000 7756
case
chardonnay

August 11, 2004

Florida Dept. of State
Glenda E. Hood
Secretary of state

Ref: Letter of 7/29/04

Dear Madame:

I am enclosing the Corporation form which was not signed at the time of our Payment, which I apologize, also a copy of where the letter was sent and the reason why we probably did not receive the Corporation Annual Report in the first place as it was probably sent to a wrong address.

We have never been late on any Corporation documents, I feel now that the additional fees we paid were not fair

Sincerely

Frank Eucalitto

Frank Eucalitto